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**An Ethnographic Case Study exploring the use of Reflective
Learning by Trainee Nurse Mentors**

DOCTOR OF EDUCATION (EdD)

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An Ethnographic Case Study exploring the use of Reflective Learning by Trainee Nurse Mentors

This is an ethnographic case study undertaken to investigate learning through the use of reflection and reflective practice frameworks within a programme training nurses to be mentors. The conceptual underpinning for the research originates from the work of Schön (1987 & 1983) and Johns (1993-2006). The aim of the study was to discover the extent to which the nurses' learning was influenced by reflection and reflective practice. I wanted to know how the use of the concepts promoted learning for the trainee's enabling them to develop as mentors and fulfil their educational requirements for continual professional development. Lather's (1991 & 1986) ideas of research as praxis are utilised to enable me to solve problems, develop the trainee mentors and the mentor curricula as part of the research process.

I gain insight to the nurses' use and processes of reflection and reflective practice by interviewing each participant and obtaining their written reflective accounts of learning undertaken during the mentor programme. I also conducted participant observation in class and non participant observation in the practice environments which I later deconstructed. I analyse the textual accounts via the ethnographic approach of grounded theory as described by Strauss and Corbin (1998).

A total of fifteen qualified nurses participated in the study. I carried out the research during the period 2003-2006. The research setting was a University, one acute National Health Service Hospital Trust, and one independent Hospital.

I discovered that the use of reflection and reflective practice is a process represented by the participant trainee mentors as sequential layers of learning that developed as they journeyed through the mentor programme. The outcome of the research led to the development of a praxis theory of reflective learning. In relation to the work of Lather (1986) I also developed the research process as self advocacy.

Acknowledgements

I am very grateful for the opportunity that the Open University provided to me for undertaking this investigation especially my supervisor Dr. Sally Heaney whose analytical and supportive approach to the developmental stages of my study maintained my momentum to achieve.

I gratefully acknowledge the National Health Service Hospital Trusts and Private Hospital that allowed me access to staff and environments.

I acknowledge most gratefully and with privileged the nurses as trainee mentors who participated in the study. You gave me the opportunity to investigate your reflective practice as you developed into mentors. Through your collaboration I was able to identify a praxis theory of your learning journeys that I hope will go on and benefit many other trainee mentors in similar situations.

I acknowledge Summertown University who provided essential resources, support and peer review throughout the research period.

I acknowledge the Research Ethic Committees and the valuable advice and experience shared with me at the start of the research process.

Last but not least I thank my children, Garry, Emily and Austin and their partners; Denise, Jo and Tamsin. I thank my Mum Cecilia Miklaucich and my Sister Sonia and her husband Ken King whose previous help in the writing process for the MSc I will always be grateful for. I thank all other family members, special friends and David who designed the graphics. Thank you all for your support to me and to this achievement.

Lastly, I dedicate this case study to nurses especially those nurses who are reflective thinkers learning through reflection and reflective practice.

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List of Abbreviations

LREC Local Research Ethics Committee

CORECCentral office Research Ethics Committee

CPD..... Continual Professional Development

UKCC.....United Kingdom central Council

PDP..... Personal Development Plan

PREP..... Post Registration Education and Practice

NMCNursing and Midwifery Committee

NHS..... National Health Service

DH..... Department of Health

QAAQuality Assurance Agency

KSF..... Knowledge and Skills Framework

ENB..... English National Board

CRB.....Criminal Record Bureau

MSc.....Masters in Science

The term patient is used to represents the person being treated in a hospital.

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Ethical Declaration

All names of people, participants and places have been changed to maintain confidentiality in line with The Nursing and Midwifery Council 2004 *Code of professional conduct; standards for conduct performance and ethics* London NMC

The Code Standards of conduct, performance and ethics for nurses and midwives (2008). Nursing and Midwifery Council London NMC

The Data Protection Act (1998) London HMSO

Department of Health (2001 and 2005 2nd edn) *Research Governance Framework for Health and Social Care* London Department of Health

An Ethnographic Case Study exploring the use of Reflective Learning by Trainee Nurse Mentors

CHAPTER 1 INTRODUCTION TO THE STUDY

Background

This case study originates from my thinking and questioning; how had I learnt the role of the mentor and how do nurses now learn through the use of structured reflective processes? Research undertaken as ethnography and through praxis as described by Lather (1991b) will be reflexive. This approach will enable me to increase my understanding of learning processes that supported the development of qualified nurses to become mentors.

In this chapter I begin with a review of my journey into research and describe what my case study is about. I set out the aim and rationale of the study briefly looking at the underpinning concepts and frameworks of reflection and reflective practice. I conclude providing information on the case study sites, ethical application and the policy agenda that impacted on the case study.

My love of nursing has directed a way of life. In achieving a Diploma of Nursing I set out the evidence base on how I provided care for a patient with a medical and mental health condition. In achieving a Masters in Nursing Science through qualitative research methods and the grounded theory process of Strauss and Corbin (1998) I found indicators of an adaptation process to living with serious illness (Miklaucich, 1996 and 1998). From this learning, I gained a theoretical underpinning from which to research the reflective learning processes of the trainee mentor.

I have been influenced by Lather (1991a & b; 1986) enabling me to speak and take action. I have also been influenced by the work of Coffee (1999) who puts the researchers' accounts of personal knowing at the centre of the ethnography. My knowledge has also

been generated from an enduring interaction with patients and colleagues.

The mentor programme run at 'Summertown' University provided the framework of learning through which I explored trainee mentor development and their use and processes of reflection and reflective practice. I was already a member of the curriculum development group for the mentor programme. With the help of my supervisor at the Open University, I gained the support of the research department informed by the Professorial Head that I could embed my doctoral study within the University and proceeded to develop a theoretical framework for an ethnographic case study.

Ethnography is a form of work according to Wellin and Fine (2001). At the same time as I started undertaking the study my research role was intermingled with my new role as a nurse tutor working in an academic environment. In this context, meeting the aims of the conceptual framework of my study was at times disorientating.

The case study

My case study is about qualified nurses use of reflection and reflective practice as they learn to be mentor' through undertaking the mentor programme. The trainee mentors work in a range of different clinical environments. Nurses from all over the world work within the National Health Services (NHS).

The mentor programme and the context of the study

The mentor programme is directed at healthcare professionals involved in supporting student nurses in the practice setting. This programme replaced the English National Board (ENB) 997/998 provision. It included a new framework for the preparation of Mentors and Teachers as set out by the ENB (2001). The principle underpinning achievement of the mentor programme is that those professionals are enabled to be lifelong learners through a framework

that supports differing abilities and skills. By the end of the mentor programme the new mentor, is expected to be proficient in understanding reflection and reflective practice and demonstrate an ability to; 1) facilitate learning for pre and post registration learners; 2) understand assessment strategies; 3) complete approved assessment documentation; 4) contribute to the development of the learning environment; 5) participate in change management and understand principles of leadership. Achieving the learning outcomes (Appendix 1) requires the trainee mentors to be assessed when teaching a student nurse and also when assessing a student nurse in practice. This assessment of the trainee is undertaken by a qualified mentor.

The significance of reflection and its link to professional nursing practice were recognised by the ENB (1987) and United Kingdom Central Council for Nursing Midwifery and Health Visiting (UKCC, 1995). One of the earliest definitions of reflection is by Dewey (1910) in which he defines reflective practice as...‘the persistent, and careful consideration of any belief or supposed form of knowledge in the light of the grounds that supports it and the further conclusions to which it tends,’ (Dewey 1910:6). Later, Van Manen (1977) refers to reflection as an inquiry into one’s practice and giving attention to the experiences. To enable the trainee mentors to make a link between reflection and processes of learning it is expected that Johns’ (1998) model of structured reflection (Appendix 2) and or other reflective frameworks such as, the reflective cycle of Gibbs’ (1988), (Appendix 3) is used by the trainee mentors during the mentor programme.

Johns’ (1998) model of structured reflection is based on Caper’s (1978) assumptions that nurses based their action on aesthetic, personal, ethical and empirical ways of knowing. Johns added his thinking of a ‘reflexive’ way of understanding. Johns’ model of structure reflection in John and Freshwater (1984:4) is a framework for a reflective dialogue between the student and mentor. Cue questions are included to guide reflective activity. Gibbs (1988) reflective cycle

consists of six stages: description, feelings, evaluation, analysis, and conclusion and action plan. The reflective cycle also includes cue questions to guide the student through a complete reflective process. (Definitions and concepts of reflection and reflective practice as well as other reflective frameworks and mentor programmes are discussed in Chapter 2).

Aim of the study

The aim of the case study was to explore and understand how the trainee mentors learnt through the use and processes of reflection and reflective practice using a reflective model or cycle (such as those stated above) as they developed their understanding of the role of the mentor. The aim was to also explore reflective learning and to discover if learning in practice generated any one particular approach to achieving the learning outcomes and if so, make this visible and known to others. I put the trainee mentors at the centre of learning, because I believe; 'educational research is enquiry aimed at informing educational judgements and decisions in order to improve educational action' (Bassey, 1999:39).

The processes of inquiry

The process of inquiry was undertaken through interview, observation and review of the trainee mentors' reflective accounts of learning undertaken as part of the mentor program. (Research methods are fully explained in Chapter 3).

Rationale for undertaking the study

The rationale for this study came from the assumption that knowledge gained through reflection and reflective practice is valued by the nurses and the nursing profession. The role of the mentor places the person as having a wide range of knowledge and ability in their area of practice but what do we know about how nurses learn the role? Is learning for a role (such as that of mentor) too complex, intangible or unpredictable that it cannot be analysed? While there is literature that

focuses on reflective learning (Agyris and Schön, 1974) and Johns, (1995 – 2006) there was also an indication that reflective practice was not subjected to critical analysis as a strategy for teaching, training or learning in nurse education. However, reflection and reflective practice was already used by student nurses and was an assessment strategy for pre and post registration nurse education undertaken at 'Summertown' University. This provided the rationale for undertaking my case study. A further rationale was that the 'Fitness for Practice' pre-registration curriculum (UKCC. 1999) required student nurses to spend fifty percent of their time learning in practice directly supervised by a qualified mentor who makes a judgement on the student's competence and in 2010 on their proficiency. In consideration of these issues, investigation into the development of the mentors when reflection and reflective practice were the agreed focus within nurse education and practice seemed appropriate to study.

A further rationale for undertaking this study was that we know little of how nurses are thinking with regard to learning for continuing professional development. Questioning this was recognised as important as some nurses were sent to undertake the mentor programme when they did not feel they were ready to take on the role. As far as I have been able to discern these issues have never been studied as part of a programme of learning.

Defining the conceptual framework for this study is then based on explanation of the role of the mentor and the terms of reflection (see Chapter 2 literature review). Following an Open University Research Conference, I realised through feedback from an educator that I had focused my case study on the theory, context and values of learning through reflection. Thus these concepts form the component parts of my frame of reference of reflective practice.

Having a frame of reference for reflective practice did not, at the early stages of the research, help me to know if using reflective frameworks

provided an adequate structure for learning. I did not know if with the help of reflection I would be able to make the links from the context, theory or values to generate new understanding. At the time of this investigation there was little literature based on research evidence that had focused on reflection and reflective practice. Also, there were few investigations of the processes involved in learning and developing reflective skills (Glaze 2002). These issues did not seem to have been evaluated in the context in which the professional reflections occur i.e. practice. As further rationale there was also the possibility of bring about change and informing education policy of reflective learning processes.

While I focused on the work of Schön (1987 & 1983) and Johns (1998 – 2006) I was also aware of other writers of reflective practice for example, Bulman and Schutz (1994). These theorists have been influential for the use of reflection and reflective practice and support the framework of my investigation.

Case study sites

I gained the opportunity to undertake this case study in an acute NHS hospital trust (based on two sites) and also gained access from the Director of Nursing to observe in an independent hospital. These hospitals are situated in the south east of England. The learning environments include a wide range of general medical and surgical wards where the trainee mentors were working.

Ethics

Undertaking this research required ethical application to the Local (LREC) and Central (COREC) Ethics Committees In addition I acted, at all times, according to the Code of Professional Conduct (NMC. 2004; 2008) and Research Governance (DH. 2001; 2005) as well as meeting Summertown University ethical requirements. I became increasingly aware (Open University Conference, 2006) of my

responsibility in reporting discussion of ethics to inform other researchers (Chapter 3).

Policy Agenda impacting on the case study

The political agenda stems from The National Health Service Plan (DH 2000) and '*Working Together and Learning Together*' A framework for Lifelong Learning for the NHS (DH 2001) that requires the need for professional development of all NHS staff. The documents centre the ideas of competence and the approach of professionals continuing their education and personal development. The principles direct the provision of increased opportunity, choice and flexibility of accesses to education without discrimination. These principles stem from concepts of developing a knowledgeable workforce of cultural, ethnic and linguistic diversity and self-regulation of the nursing profession. The more recent policy agenda NMC (2006 & 2008: section 2.) has introduced standards for mentors and 'sign off' mentors, practice teachers and teachers as criteria for supporting learning and assessment in practice. There are eight domains in the framework, each with identified learning outcomes at the four stages and this is an inter-professional framework (NMC 2008: section 2.).

In summary, Chapter 1 has shaped my investigation as an ethnographic case study. The case study is set within the context of learning for the role of mentor. It is located in reflective frameworks the use of which has been influenced by changing educational policy. The study will be reported through four further chapters as follows;

Chapter 2 provides a review of the literature for continuing professional development, mentoring and the use and process and of reflection and reflective practice. The discussion leads to the development of the research question.

Chapter 3 provides a discussion and description of the study design and research methods for data collection. This chapter also explores ethical considerations and the method of analysis.

Chapter 4 provides a discussion and interpretation of findings. This is supported by evidence from the participants' data.

Chapter 5 provides a conclusion and evaluation and presents the findings as new knowledge.

The next step in the research process is to review the literature.

CHAPTER 2 REVIEW OF THE LITERATURE

Introduction

The purpose of the literature review is to explore material in relation to the key issues of a case study to develop the research question and consider if it was worthy of further investigation. I here explored the literature in relation to those areas influencing nurses as trainee mentors learning the role through the use of reflection and reflective practice. Essentially, the case study links education and practice through the main conceptual areas within the literature review. For clarity, the literature review is structured in three sections. At the end of each section areas of the literature review are updated where policy and the understanding of the concepts of reflection and reflective practice developed during the period of the research. The first section explores policy, concepts of professional development and educational studies that have influenced and impacted on nurse education for continual professional development. The second section explores mentoring its implementation into nursing and various trainee mentor programmes. The third section explores the use and of reflection and reflective practice within education and training of nurse mentors. I argue that the concepts discussed can be acted upon to enhance learning in practice.

Concepts of professional development

From the outset it is important for the literature review to provide an explanation of the policy and regulations governing nurse education and mentoring. These policies required the adoption of reflection and reflective practice within nurse mentor training.

The terms of reflective learning were introduced into continuing professional development of nurses by the United Kingdom Central Council (UKCC) in 1995, when the Post Registration Education and Practice standards (PREP) were defined. Meeting the standards for PREP was seen by the UKCC (1995) as essential for professional self-regulation and lifelong learning and became mandatory for nurses within

the United Kingdom in 1998. The aim was to improve education, training and the efficiency of the profession. The UKCC was superseded by the Nursing and Midwifery Council (NMC) in 2002.

Lifelong learning provides the framework through which continuing professional education (CPD) is undertaken. Accomplishment is both personal and professional. Traditionally nursing has been motivated more by service to society than by personal achievement or remuneration (Turner, 1993). In spite of the cost, financial or psychological, little notice has been taken of the nurse's individual achievement or of potential for failure. Also, in the past nurses themselves, did not relate the value of undertaking CPD in terms of greater autonomy and increased career opportunities. Binnie and Titchen (1999) undertook an action research project that recognised this. The project identified real life examples of 'freedom to practice' and gave a guide to implementing change to develop careers in nursing. Binnie and Titchen (ibid) suggested that as nurses' training taught rules and fundamental tasks and they were unable to anticipate future developments and it was this that needed to change.

Subsequently, change did occur and impacted greatly on nurse education and training. First, there was the move of Schools of Nursing into Universities. This impacted in many areas including the increase size of student cohorts attending and development of a new curriculum; Project 2000. Project 2000 challenged task orientated approaches to care to develop a more theoretical educational programme. However, nursing is a practice based-profession and nurses' understanding of the patient has always been a part of their knowledge-base, as pointed out by Polanyi (1967 in Schön 1987), and this seemed to have been overlooked by the curriculum developers. Evaluation of Project 2000 indicated that a high theoretical content did not fit with nursing's practical application of care.

Briefly, in reviewing the history of nurse education, Walby et al. (1994) indicate that the move to a professionally-based model of nurse education

emerged in the 1970s. This was in opposition to the bureaucratic and occupational approaches that were in place prior to this. The new approach would be derived from a scientific knowledge and evidenced based practice thus moving away from the biomedical model that employed biochemistry and physiology to solve problems in clinical medicine. It was recognised that such an approach would move nursing towards greater autonomy but require an educational input that would facilitate a holist approach. The new model drew on psychological and humanist theories. The emphasis on self awareness within the relationship between the nurse and patient became an important theme. The influence of this new approach was first seen in The English National Board (ENB) 1982 Mental Health syllabus for the education of Mental Health students.

The approaches of humanist education supported the development of experiential learning, reflection and learning from experience. Humanism had originated from the work of, for example Freire (1970) and Dewey (1916), (reviewed later in the literature review) and Rogers (1951, 1969). Essentially, it was Rogers' (1902-1987) concept of the person as one of developing and knowing themselves that had an impact. The suggestion is that a person is able to direct his or her own approaches to learning and recognise his or her own strengths. Each person is able to understand their learning needs to enable them to make their own choice thus they have an insight into their own perspectives sufficient to gain personal fulfilment according to Rogers (1990). Rogers' educational philosophy is that we cannot teach another person but only facilitate their learning. This makes the quality of the relationship between facilitator and learner significant a point that was very important to me in undertaking this case study.

Following on from Project 2000, the implementation of the Diploma of Higher Education in Nursing (Dip HE), the 'Fit for Practice' (UKCC 1999) curriculum was introduced. This curriculum recognised the importance of

the application of theory to practice and has worked to reduce the theory practice gap that had grown during Project 2000 years. The 'Fit for Practice' (1999) was based upon a 50:50 ratio theory to practice and recognised the value of reflection and reflective practice in reducing the theory to practice gap. It cannot be ignored that Project 2000 had provided a change for the quality of practice learning. Student nurses now had supernumerary status and the need for the students to have a mentor became an essential requirement.

The mentoring course most commonly available was the English National Board (ENB) for Nursing, Midwifery and Health Visiting (ENB 997/998 teaching and assessing or its equivalent in the other three countries of the UK ENB 1987) but this was not very popular. Jarvis (1992) made the suggestion that institutional learning requirements can undermine persons own plans for learning. Institutional issues did seem to have an impact on learning at that time. The interpretation made by the nurses of what they saw as a compulsory approach to CPD generated a negative approach and the thinking that the nurses had to do something that they did not want to. The lack of remuneration, time, resources and facilitation for learning were all issue. Even when commencing the new 2001 mentor programme the negative feelings of some trainee mentors had to be overcome before they could participate in the interactive approaches to learning without complaining.

The expectation of CPD, that nurses would train as mentors did not question if all nurses would be able to respond positively towards undertaking the role, nor does it recognise the nurses' own intentions for career development (Sternberg and Horvath 1995). The expectation for undertaking CPD did not question if the nurses were ready to make decisions that affected their career progression. It did not address who was accountable if nurses were pushed into programmes that they then failed to achieve or did not complete as they were not suited. The consequence was that motivation for learning was often low.

In 1975 Seligman argued this point from the perspective of institutionalisation. He suggested that, if people have no way of changing things, they then have no control over what happens to them and this can lead them to develop a learnt and helpless state of mind. This seemed to be the situation for nurses who were sent to undertake the mentor programme. Breaking the chains of institutional demoralisation and thinking along more positive lines and then applying what you have learnt in situations that are not favourable, is not easy. The influences of the institution, peers, combined with lack of confidence may make it difficult for anyone to change according to Goffman (1959).

A different perspective of CPD facilitation was recognised by Freire (1970) who suggested that the 'adult' learner already has valuable life experiences from which to draw. Freire (1970) considered that when education is based upon shared experiences it is a powerful collaboration. This approach exerts a freedom of choice, an approach I aimed to use when I facilitated the mentor programme. When experiences are shared, development as a mentor does not occur in an uncontrolled fashion but gives each person a feeling that they are experienced and have a right to speak and have a voice to be listened to. Hence, I always recognised and appreciated the trainee mentors prior knowledge and experiences and told them how valuable this was. I felt that this raised their self esteem and provided them with a better position from which to enter into the mentor programme and authority to act within the role of a mentor. It was also important for my study that I should have an open relationship and involvement in the issues that the trainee mentors were experiencing.

Studies on perspectives of CPD that have influenced nurse education were undertaken by Carper (1978), Benner (1984), Belenky et al. (1986) and Schön (1987 & 1983) and require an introduction here.

The study by Carper (1978) is a reference point in the development of nurse education. The study identified four 'fundamental patterns of knowing in nursing' as; 1) 'empirics,' the science of nursing considered as 'factual' knowledge; 2) 'aesthetics,' described as the 'art' of nursing referring to practical nursing and involving feelings; 3) 'personal knowledge,' or knowing oneself to enable care for others; 4) 'ethics' as 'moral' knowing in nursing (Carper, 1978:14–20). These four areas of concern to Carper (1978) provided information for curricula development in nurse education.

The introduction of the term 'nursing science' prompted a search for knowledge specific to the discipline of nursing. Carper (1978) pointed out that writers such as Kuhn (1962 in Carper 1978) could not at that time see how conceptual frameworks within nursing could conform to the traditional view of scientifically objective research. Carper (1978) saw this as a matter to be determined by research designs that are able to explain the concepts as valid in relation to their context. Now, a wider range of scientific approaches such as ethnography and phenomenology are developing methods appropriate to research in health care (Bowling 2004). I am aware that such approaches are used within nursing practice and education by researchers who are practitioners and teachers.

Benner (1984) explored the way through which nurses learnt in and through practice. Her ethnographic study was based on the Dreyfus Model of Skills Acquisition (Benner, 1984:13). The findings showed that learning occurs through an all knowing and reflective experience learnt through professional work at different stages from 'novice to expert'. The implication is that nurses should be able to learn the role of the mentor through a similar approach of staged practice experiences of teaching and assessing as Benner (ibid) has shown that such staging over time is an effective approach for gaining in experience as learning in practice and is a progressive understanding of situations and events.

From a different perspective, Belenky et al. (1986) undertook a study into women and learning. The project began in 1970 from a concern of why women speak so frequently about missing out in their learning, questioning their own intellectual ability. At the same time they 'feel unheard' (Belenky et al. 1986:5) when they attempt to communicate. Why was it that the women feel unheard? Belenky et al. (ibid) pointed out that the Faculty (in which her study was undertaken) assumed that the same pedagogical techniques suitable for men are also appropriate for women. This had implications for my case study. I was very alert not to make assumptions that would have influenced, not only the findings of the study but also the feelings of the participants. I made every attempt not to intimidate participants in my study recognising that they may not make a comment. Also, I listened to them attentively taking care to avoid misinterpreting their meaning.

Carper (1978) and Benner (1984) represented knowledge of learning current at the time and they have continued to influence nurse education. Benner (ibid) showed nurses that they were able to learn and were learning from practice experiences and this is important in respect to my research question. The influence of the work of Belenky et al. (1986) is equally important. Any of the issues identified by these researchers may impact on the trainee mentors from a personal, cultural, educational or professional perspective. The trainees will be learning through reflection in and on their practice experiences the context of which is unpredictable.

Data for my study were collected before 2006. Since then a range of policy has been updated and has continued to influence nurse and mentor education and training. With regard to mentors, the NMC (2004) undertook a consultation on '*Standards to support learning and assessment in practice.*' The nature of assessment and quality of support that students received was reviewed. From this consultation National Standards for mentoring and the new role of 'signoff' mentor was developed and is now a requirement (NMC 2006; 2008).

In tandem with the changes to the standards for mentoring the National Health Service Plan and the Improvement Plan Department of Health (DH 2000, 2004) showed the Government's commitment to the development of all NHS staff. The 'Modernisation Agenda' for the Department of Health (DH 2001) and the 'Agenda for Change' (2004) became integral to The NHS Knowledge and Skills Framework (NHS KSF 2004). Since 2004 the banding criteria indicated a need for nurses wishing to progress their career to undertake the mentor programme. Success with the programme has become a 'gateway mechanism' meaning that nurses with the mentor qualification may have the opportunity for pay and career progression hence raising the need for nurses to train as mentors as well as accomplished lifelong learning in line with the NHS policy direction. It was important then for me to explore the policy issues for CPD and to be aware of the influences impacting on the trainee mentors. I will now explore the literature relevant to the role of the mentor and various mentor programmes.

Mentoring and trainee mentor programmes

The history of the concept of mentoring is said to derive from the *Odyssey* by Homer (8000 BCE) translated by Butler (1994). This depicts the mentor as a wise person who takes responsibility for developing others over a period of time.

A review of mentoring in nurse education indicates that little interest was taken in the role of the mentor (Burnard 1990). For a long time it was the Ward Sister or Charge Nurse (person in charge of a ward) who took on an educational role and tested the student nurses on their understanding. Gradually, according to Morton-Cooper and Palmer (1993) more attention was given to looking after students and supporting their education. This more personal approach was influenced by discussion of the role of mentor occurring within American Journals, such as that of the work of Darling (1984).

Darling (1884) proposed that there was an emotional component to the role of the mentor and highlighted the importance of liking and respect between the mentor and mentee or student. This relationship between the mentor and the student appeared to be a crucial component for Darling (1884) although her research has been criticised for the lack of information on sampling, data analysis and explanation of findings (Grey and Smith 2000).

Ward sisters were not formally educated to take on the mentoring role is shown in three British research studies. The studies illustrate both positive and negative experiences of learning in ward environments. Orton (1981), explored the relationship of the ward climate as a consequence of the ward sister behaviour influenced the student nurses response to learning. The study confirmed that there was strong evidence that the ward climate determined the student nurses satisfaction from an individual perspective. Orgier (1982) undertook research using a series of questionnaires into the learner's perception of the ward sister. The result of the study showed that highly rated sisters spent a greater proportion of their time interacting with student nurses. Alexander and Fretwell (1983) showed how little and how variable the approach to education in practice was. The ward sister who chose to include teaching into their routines were more able to gain the support of their nursing teams and set goals for learning and take action to meet them. As discussed above, it was the implementation of Project 2000 that formalised the mentoring processes of the students.

The terms and role of the mentor changed at different times depending on the professional or educational governing body. The English National Board (ENB 1987) described the mentor as a 'wise reliable counsellor' and later included the terms supervising and assessing in their definition. Later they lost the elements of supervision and assessment and suggested that the student determine the role of the mentor for

themselves (ENB 1988). This expectation added to the confusion of the terms. It was the UKCC (2000) *Standards for the preparation of teachers of nursing and midwifery* that uses the term 'mentor' and set out advisory standards for mentors and mentorship. The ENB & DH (2001) developed a more functional definition; the mentor was redefined as 'a nurse, midwife or health visitor who facilitates learning supervises and assesses students in the clinical setting.'

In a review of mentoring Morton-Cooper and Palmer (2000:41) set out characteristics that they identify as the mentor relationship. The characteristics of the mentor include: enabling and empowerment, skills of facilitation that engage the student through a personal and practical approach, and mutually set and supported learning outcomes. There was also a requirement that individuals choose each other (Morton-Cooper and Palmer, 2000) but, from my experience there is little opportunity for a student to choose a mentor in the current situation of nurse education. Morton-Cooper and Palmer (2000:38) go on to say that the mentor must be aware of any learning needs that they may have and be responsive to these. This progressive approach to developing as a mentor has been continually encouraged by Summertown University. The trainee mentors in my case study were seen as self directed and able to seek learning opportunities that would challenge their ability to teach and assess. They should know how to address student issues as part of the mentor programme learning outcomes (Appendix 1).

Other approaches to mentoring were proposed for example, from Hunt and Michael (1983) who saw the student nurse and mentor relationship as a partnership going through sequential stages such as; 1) choosing each other, 2) being dependent, 3) splitting up, 4) and developing a lasting relationship.

The student nurse may only be with a particular mentor for a few weeks however, the mentor was expected to make a personal commitment to

support the student as pointed out by Darling (1984) while, Gray and Smith (2000:1546) suggest that the relationship between the mentor and the student is developed through the mentor having the 'right attitude.' The right attitude was seen by the student in Grey and Smith's (2000) study as a 'quality' of the mentor.

Daloz (1986) argued that relational learning should make a reference to 'vision'. He describes vision as 'the context that hosts both support and challenge in the service of transformation.' Hence, just having a good student mentor relationship may not be sufficient to promote learning. The mentor must also inspire, set challenges and provide support to ensure an effective approach to enable the student to link theory to practice through reflection and reflective practice.

In a more recent study Spouse (2001) suggests the mentor should offer 1) supervision, 2) teaching in practice, 3) assessment and feedback, 4) emotional support to the student nurse. These findings are more realistic of today's mentoring role as they incorporate a shared and interactive dimension to learning in clinical practice where the mentor has responsibility for teaching and assessment but also nurtures the students' progress.

During my research into the descriptions and terms of the mentor I developed my own working definition of mentoring as;

an interactive relationship that involves a personal behavioural dynamic that links the social and the learning interaction occurring between the mentor and the student.

This definition of the role of the mentor fits with the expectation of a more practice based training for mentors than that provided by the ENB. From the 1990's the ENB 997/998 teaching and assessing course for nurses and midwives had become the established course through which to qualify

as a mentor. The ENB 998 course that I undertook was highly theoretical and classroom based with no opportunity for skills of mentoring to be put to use in practice.

The mentor programme that commenced in 2001 at Summertown University was undertaken both in theory and in practice. It was provided at Level 2 (Diploma) and Level 3 (Degree). Designated levels of achievement are based upon descriptors developed by the Southern England Consortium for Credit Accumulation and Transfer (SEEC) (2003) as follows, 1) development of knowledge and understanding, 2) cognitive and intellectual skills, 3) key transferable skills, 4) practice skills.

As explained in Chapter 1, the trainee mentor was expected use reflective frameworks, facilitate learning, use assessment strategies and develop the learning environment through change management and leadership. For either the ENB or mentor programme, once qualified the mentor was expected to become a part of the student support processes that also included a University tutor in 'gate keeping' as identified by Lewis (1990:814). The final decision to register the student nurse was taken by the Summertown University. To update the literature review at this point, this situation is now changed. By 2010 mentors who meet the criteria for 'sign-off' mentor set by the NMC (2006; 2008) become the sole gatekeepers. Sign-off mentors are accountable to the NMC for making the final assessment of practice and confirming to the NMC that the 'required proficiencies for entry to the register have been achieved' by the student (NMC 2006; 2008).

In the 2001 the mentor programme the trainee mentor was supported by a (qualified) mentor through mutual agreement, utilising reflection and reflective practice. I designed Figure 2.1 to show how the cycle of interdependent and independent relationships were required in practice to achieve the mentor programme. This relationship for learning provides learning support to the student nurses on their clinical placements. The

trainee mentor has to engage in learning activities with the student nurse. The trainee mentor and the student's progression are overseen by the qualified mentor who supports them both. Hence, Figure 2.1 is a diagrammatical representation of how relationships for learning are intertwined.

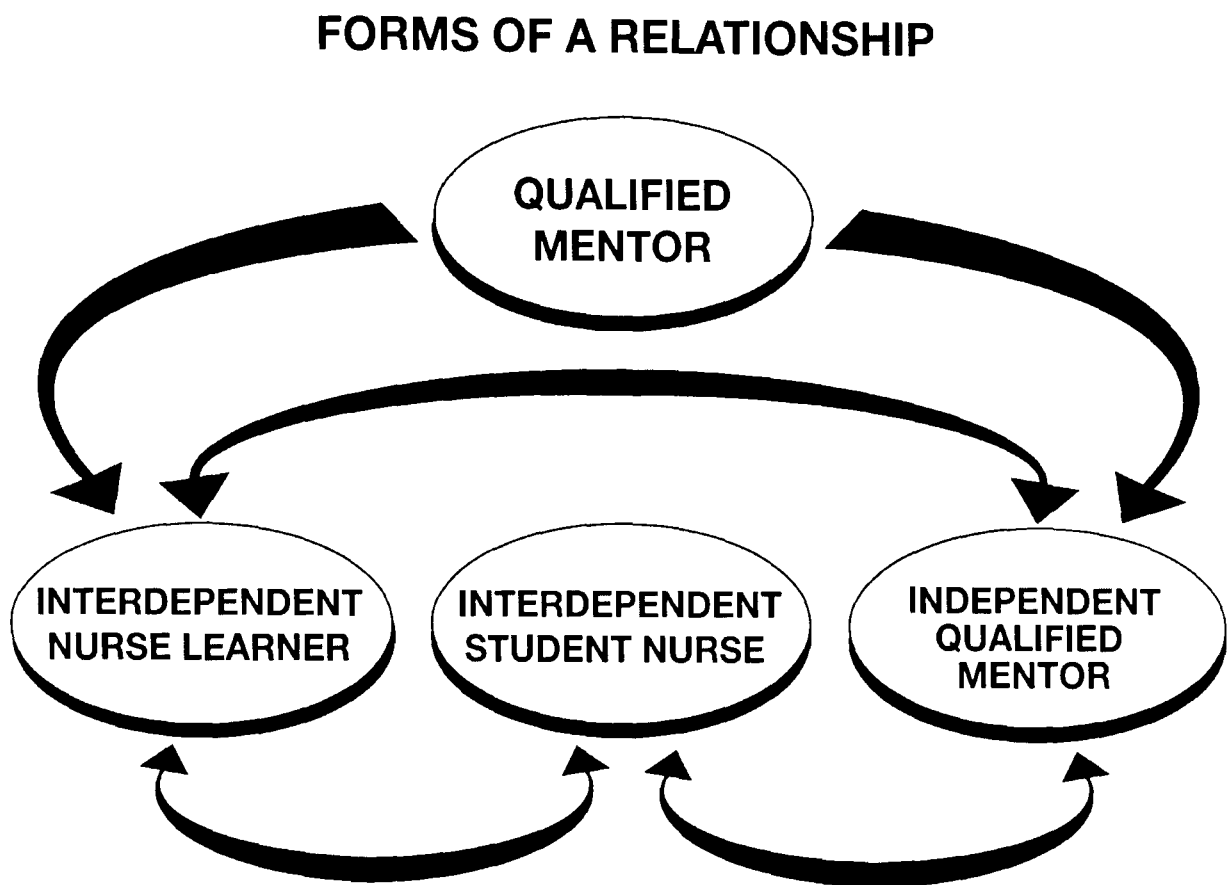


Figure 2.1 Forms of a relationship for learning

The theoretical assignment for the trainee mentor is via written reflective accounts of the teaching and assessing experiences meeting the learning outcomes for the programme. The trainee mentor completes the assignment and Summertown University tutors supporting the programme check and mark the assignment. (The learning outcomes for the mentor programme can be seen in Appendix 1.). Unlike the ENB 997/998 Teaching and Assessing course, this programme provided the trainee mentor with an opportunity for direct interaction with the student nurses in practice. The trainee mentor helped the students to meet their learning

outcomes and undertook the assessment of practice. Documentation of the student's progress at a formative stage, or part way through the practice placement period and summative stage, at the end of the placement period is undertaken by the trainee mentor. However, until the trainee has gained the mentor qualification the summative stage is counter signed by a qualified mentor. This also enables support for the trainee mentor to learn about the student nurse documents that require signatures for validation of his or her placement learning experiences.

As stated, data were collected before 2006 therefore, it is important for me to update the literature review at this point because mentoring courses have been available through the Open University. The Open University mentoring course was not, at first NMC accredited and was not often utilised by nurses. This situation changed in 2007 when the course called 'Mentorship and assessment in health and social care' was approved by the NMC. The course is undertaken at Level 3. To undertake the Open University course or the mentor programme run by Summertown University nurses midwives and health visitors (Specialists Community Public Health Nurses) and Health Care Professionals seeking recognition as a mentor must be currently on the NMC or Health Professionals Councils (HPC) register and have a practice learning opportunity available.

The NMC (2006 & 2008) Standards to support learning and assessment in practice developed following a period of consultation. The standards for mentoring represent a range of activities achieved within eight domains; establishing effective working relationships, facilitation of learning (where reflection is mentioned), assessment and accountability, evaluation of learning, creating an environment for learning, context of practice, evidenced based practice and leadership (NMC 2008).

Further to its implementation, Myall et al. (2008) found in favour of the of the NMC (2006 & 2008) standards to clarify the role of the mentor. While

the study found value in the role for support to students learning, many mentors recognised organisational constraints preventing their ability to undertake the role as fully as they would wish. Importantly and in view of the focus of my study, Myall et al's (2008) study makes reference to the quality of the relationship between the student and the mentor as fundamental to the process of mentoring. However, the study does not explore that relationship in any depth or how the role is undertaken nor does it explore how the mentors learnt the role.

Praxis offered me a particular perspective on the education of trainee nurse mentors. The approach of praxis is defined by the Encarta Dictionary UK as a 'practical application as opposed to theory' {accessed 10/06/04}. The work of Lather (1991 b & 1986) holds complex ideas on praxis but is influential to me as a researcher and a tutor. Lather's work helped me to understanding praxis in relation the development of the mentor curricula as organisation of educational practices and as a facilitator, taking action to improve learning opportunities for the trainees in relation to my own beliefs. Briefly, Lather undertook a study of students to generate a more liberating curriculum linking learning to teaching methods. Her study was undertaken in the interest of promoting freedom through education. Lather (1991 b) discusses critical social science research to determine students' resistance to a practical educational approach. This was a research approach through which Lather questioned her power as a researcher and as a tutor especially when there was an aim to change situations and understand her own frustrations and contradictions. From the same perspective, I questioned my role. I knew I was committed to supporting the trainees to achieve their goal and aimed to facilitate learning that would result in the trainee mentors valuing their educational opportunity.

In summary, the role of the mentor in nurse education has not had a straightforward history. Influences acting upon the role are many and varied. Both the term mentor and the role have developed from

uncertainty of any expectation in relation to teaching, assessing and mentoring. There has been little expectation in terms of mentor competence and or strategies for learning about the role in practice. My approach of praxis as a practical application supportive of learning may have a positive influence on the trainees' ability as well as influencing curriculum development. As frameworks of reflection and reflective practice are included in the trainee motor programme it is now important for me to explore definitions the use and processes of reflective learning.

Reflection and reflective practice

Finding an absolute definition of reflection and reflective practice was difficult. Atkins and Murphy (1993) suggest this may be due to the lack of a common understanding of the terms. I have explored the literature of those authors who understand of the use and process of reflection is in relation to developing approaches to learning experiences.

Early perspective of reflection in education can be seen in the work of Dewey, 1938; 1933; 1916, and Freire, 1985; 1972; 1970 therefore, first I review the work of Dewey (1910; 1916; 1933; 1938). Dewey was an American philosopher and an educator interested in learning as democracy. For Dewey (1910) learning was a discovery undertaken through action. Dewey (1916) suggested that we learn by our actions and then see what happens as a result. Dewey also argued that not all experiences are of value as educational to everyone. Also, we may not learn the lessons in the same way as others from the same situations. Dewey (1933) was interested in the interaction between the learner and what is learnt and laid a foundation for learning through reflection. Dewey (1933) defined patterns of thought as reflective thinking and discusses these ideas in relation to traditional ideas where learning was imposed and the person was in a passive role. Dewey (1933) saw aspects of education as not bothering to respond to the students learning needs. There was no interest in mentoring in support of learning at that time. According to Dewey (1938) there are two steps to the process of

reflective learning. The first step is continuity that is, connecting aspects of one's experience to previous knowledge in ways in which the knowledge is modified. The second step is interaction: the learner needs to interact within their environment, try out their learning and take action. Intellectual and overt activity should be followed by periods of reflection as Dewey (1933) thought that there could be no intellectual growth without reconstruction of the judgements from within the experience itself. Dewey (1938) valued the concepts of growth through interaction but such approaches to learning at that time were not encouraged and differing approaches to learning were limited.

Dewey (1938) highly valued the way in which a person shares perspectives of learning and participates in the experience of learning. He argued that in the environment the purpose of the learning is accentuated and made familiar in all its forms. This point may be important to my case study when thinking about the way in which the trainee mentors learn through the reflective frameworks. For Dewey (ibid) the use of reflection is for effective learning that occurs when reflection on action is related to the context of the situation.

Freire (1985) had a broader view of the purpose of reflection and its educational possibilities influential to my study and to my understanding of reflective practice. Freire believed that through reflection an individual could gain understanding of their life situation. From this reconstructive perspective the individual would take control of their educational situation and change society through reflection by valuing practice knowledge. This is education as empowerment; enabling the transformation not only of the individual but also the social and political agendas of oppression. Unlike Dewey's values of education as thinking and interaction, this is an individual emancipatory effort to change a situation where there is no prior knowledge of what may occur.

It's important for me to point out that the work of Argyris and Schön (1974) and more recently Schön (1987, 1983) has influenced the use of reflection and reflective practice in nurse education. The ENB (1988), the UKCC (1996; 1995) and later the NMC (2006, 2004) all promoted the use of the concepts.

Like Dewey, Schön (1987, 1983) questioned the predominant passive learning of education which he defined as 'technical rationality'. Technical rationality, Schön argued represented the way nurses are educated, learning about the theories first and then applying them in practice. In this view, practice knowledge becomes professional knowledge only if it is developed from a systematically applied scientific basis. It was thought by Argyris and Schön (1974) that this separation of theory and practice undervalues and inhibits the generation of practice knowledge.

Schön (1987:3), talks about the 'swampy lowland of practice.' This is where 'messy' and confusing problems challenge the generation of a scientific explanation. Schön points out that professionals live in a world of confusing, complex and intangible problems for which there seems that there are no existing rules or theories for solving them. He argues that this makes any application to systematic analysis very difficult. Yet, this is where the majority of problems that concern everyday lives is. In an attempt to resolve situations Schön (1987: 4) talks of 'naming and framing' problems and examining them in different ways. Schön (ibid) does not clearly define his meaning or where his understanding stems from. The implication is that a practitioner uses organisation of thought and recognition of the problem and this indicates how the problem should be resolved through appropriate action.

Schön, (ibid) defines his term reflection-in-action as knowing-in-action or knowing what to do. As a process, it is through knowing-in-action that understanding is demonstrated as an outcome of reflection. The influence

of the work of Dewey (1933) can be seen here as Schön suggests that any explanation generated through this process of knowing is, 'always a construction' it represents a way in which to explain learning. Thus, the trainee mentor should be able to explain to a student the action he or she has undertaken in a particular context to help to develop the students understanding as a shared experience (Schön, 1987).

Schön (ibid) defines his term reflection-on-action as reflection retrospectively undertaken. It is a way of finding out from past events what we already know. This knowledge gained may well be reflected upon from theoretical perspectives that inform our actions for the future however, this will only be the case if it has been remembered. For Dewey (1933) it was important to reconstruct the impulses through which a particular decision was made. In combination, cognitive and emotional impulses may generate reflective practice as a process of learning through experiences in line with the thinking of Mezirow (1981).

Competency in achieving reflective practice is defined as 'tacit' by (Schön, 1987). Polanyi (1967) in Schön (ibid) argued that reflection on tacit or inferred personal knowledge can help to construct understanding when reflected upon and applied to different situations. The implication of Schön is that such a reflection may generate professional knowledge and cannot be ignored. Tacit knowledge within nurse education is defined in the literature by a number of researchers such as Boykin (1998); Jasper (1994); Benner (1984) and Carper (1978) in relation to generating professional decision-making. Tacit knowledge is thought to link to the expectation of an outcome and is relied upon when a situation cannot be clearly explained. The thinking is that reflection-in-action according to Schön, (ibid) can identify knowledge and that learning in action also represents the development of new knowledge. At this point Schön (ibid) recognises that developing theory from practice knowledge may not be easy. The outcome of Schön's, (ibid) discussion is that the purpose of reflection is that practitioners learn from and through practice

experiences. This is an important point for trainee mentors to understand. The trainee mentors should be able to use reflective skills, promote their use within a student nurse and thus support the understanding of practice knowledge.

In making a connection to the way in which reflection and reflective practice is used as a process, writers on the subject for example, Johns (1995-2006), Gibbs (1988), Boud et al. (1985), Goodman (1984), Kolb (1976), Boyd and Fales (1983), Mezirow (1981) have attempted to define reflection and reflective practice and identify the cognitive skills required to be reflective.

Mezirow (1981) identified seven levels of reflectivity as, reflectivity; having awareness of a perception. Affective reflectivity; awareness of how we feel about the way we perceive or thinking. Discriminant reflectivity; as assessment of our thoughts, actions, habits of doing things and identifying immediate courses, recognising reality context and identifying our relationships in a situation. Judgemental reflectivity implies becoming aware of value judgements about our perceptions, thoughts, actions and habits. Conceptual reflectivity; as a self-reflection, leading to us to question values. Psychic reflection; as recognition of the habit of making precipitant judgements on the bias of limited information and recognising interests and anticipations influencing our perceptions action and thinking and theoretical reflectivity as; awareness of reasons for our habits or precipitant judgements or conceptual inadequacy. Mezirow (ibid) model has not been commonly used by nurses possibly in relation to complex explanation of the terms.

Boyd and Fales (1983:113) provide a definition of the process of reflection as that of, 'internally examining an issue of concern for an experience that creates and clarifies meaning in terms of the self and results in changed perspective.' This definition has implications for the

ability of the trainee mentor to develop self perception through the use of reflection and function at a different level.

A trainee mentor needs to relate new knowledge to an existing learning context; an approach that has its foundations in Kolb's (1984) experiential learning cycle. Kolb was influenced by theorists such as Dewey (1938) and Schön (1983) and this makes his thinking important in relation to my case study. Kolb's (ibid) experiential learning cycle represents a process of bringing concrete experiences and knowledge to observations and reflections. He suggests concepts emerge that are applicable to new situations and experiences (Kolb, ibid) and goes on to explain that effective learning occurs through ongoing change processes. Hence, the process of the cycle involves gaining new initiatives, creativity and ongoing critical reflection. The new insights emerge (cognitively) similar to developing a theory of the experience according to Quinn (2000).

The concepts of exploring reflective learning from an unknown or 'experiential' perspective developed by Kolb (1984) introduced new terminology into use in nursing literature 'experiential learning.' More recently Quinn (2000) implied that the use of experiential learning within nurse education needs to be supported as a process as well as recognising the person's ability to learn. There is a paucity of evidence to demonstrate the value practice has for experiential learning. This may be related to the many guidelines in use directing practice actions and decision making (Banning, 2007). However, nursing literature has variously described reflective thinking in terms of thinking for learning, (Johns, 2000) or critical analysis, (Atkins and Murphy, 1993) influenced by the context in which it occurs (Boud and Walker 1998).

From a different perspective, the purpose of reflection for Goodman (1984) was to reach given objectives, reflection on the relationship between principles and practice and reflection which incorporates ethical and political concerns. Both Mezirow (1981) and Goodman (1984) seem

to value the use of levels of reflection with an expectation of a changed outcome utilising processes of reflection to explore the self and the wider social context. Goodman's (ibid) levels of reflection helped me to facilitate understanding of reflection. I used the approach of progressive levels of questioning, encouraging the trainee mentors to look inward at thoughts and look outward at specific social situations. I found this effective for explaining to the trainee mentors how reflection may start from a thought and move to a process of deeper questioning for example, reflection as an ethical inquiry that includes exploration of the context of their learning for both actions and decisions.

Boud et al. (1985) argue that, reflection in the context of learning, has become a generic term for an intellectual and affective activity. Individuals engage and explore their experiences in practice in order to lead to new understandings and appreciations. Boud and Walker (1998) argue that incorporating ideas of reflection that are not explained or understood and have not been undertaken with reference to questioning the context of those experiences may not be effective for learning. This has caused Schön's (1987; 1983) views to be questioned by Eraut (1985) who points out that reflection prior to action is not considered. According to Greenwood (1998) its exclusion may lead to inappropriate action. Schön's thinking is also described as 'unreflexive' by Usher et al. (1997) in relation to this neglect of the need to think prior to taking an action. Boud and Walker (1998) identify and explore a number of other issues that they feel have arisen from the application of reflection in higher education. The focus of their criticism arises because of what they explain as lack of recognition of the formal context of learning and experience. These issues are important for me to consider. They cause me to critically question how the trainee's utilise the concepts of reflection and reflective practice for learning the role of mentor and if there is a lack of understanding. I will be looking at how the trainee mentors use reflection on their experiences as part of their role development.

A further reflective model that has arisen from the work of Argyris and Schön (1974) in relation to theories of action is that of single and double loop learning. A distinction is made between the two. Essentially single loop learning occurs as a taken for granted process to a satisfactory level of resolve according to Ashby (1952) and stops learning going any further especially when the outcome is predictable. Only when the problem is examined further to search for alternatives does it become double loop. Double loop learning involves the process of reflection on values, beliefs, attitudes and may have an influence on social structures, especially where the problem is revealed and made meaningful. Through double loop learning the trainee mentor becomes instrumental and alert to the learning need of the student, problem solving and finding solutions. Mezirow (1991) argues that reflection occurs only when it challenges the value of the person's prior learning. Here also the concepts are in relation to problem solving using reflection as part of the process to achieve change; change of thought or change in action. Thinking in relation to values is also in line with that of Goodman (1984) who suggests deeper reflection upon social situations is an essential concept that seems to have been taken forward in the concepts underpinning triple loop learning.

The work of Sandars (2006) moves reflection towards 'triple loop' learning bringing systems of power into the perspectives that influence action so that the practitioner becomes autonomous. Triple loop learning is undertaken through the process of reflection on beliefs and values and questioning underlying assumptions. Triple loop learning is identified through reflection on issues that raise conflict and pose a challenge for the person to find the right way of doing things.

To summarise at this point, the discussion on the use and processes of reflection and reflective practice indicates that there is a range of different thinking in relation to approaches to using reflection for learning. The implication is that the way in which the trainee mentor may understand

the processes of reflection is to enable them to take action on the outcomes of learning. The ability to take action may also be in relation to their ability to recognise their beliefs and values. In recognition of this, I further explore the reflective model and cycle used within the 2001 mentor programme. It is unclear if their use has an influence on learning although the cognitive skills required for academic writing are also positioned within many reflective frameworks.

When reviewing reflective models, it is clear that, the reflective cycle, (Gibbs 1988) has been influential to nurse education. Gibbs (1988) developed a reflective cycle that includes: a description of what happened, feelings, evaluation, analysis and conclusion including an action plan when further learning is required (Appendix 3). The cognitive skills required for the reflective cycle draws on an account of the use of each point in order to enable the person to explain how they have learnt through reflection on the experience. The approach enabled the trainee mentors to think through the teaching and assessing scenarios they were involved in and write about these experiences. The reflective cycle, is set out in more easily explained terms than in the approaches of Mezirow (1981) or Goodman (1984).

Johns (1998) explains his meaning of reflection as;

‘...a window for practitioners to look inside and know who they are as they strive towards understanding and realising the meaning of desirable work in their everyday practices. The practitioner must expose, confront and understand the contradictions within their practice between what is practised and what is desirable. It is the conflict of contradiction and the commitment to achieve desirable work that enables the practitioner to become empowered to take action to appropriately resolve these contradictions’ (Johns, 1998:63).

Johns’ (1998) model of structure reflection (Appendix 2) is underpinned by the work of Carper (1978). Carper’s research into nursing identified four themes to represent knowledge as discussed. For Carper (1978) these

concepts provided a means of conceptualising nursing knowledge and practice. For Johns, (1998) the concepts provide the terms from which to build a model of structured reflection. The terms used underpin the cue questions that Johns asks. The terms are complex in their use and understanding for example, reflexivity is introduced by Johns as a further way of knowing. This way of knowing is seen as responsive and occurring over time and could impact on memory and the accuracy of recall. In Johns (2004) the explanation of the term aesthetics is also seen as a response. It is the way the situation is understood in personal terms and interpreted to enable the nurse to make a response. In Johns (2006) the meaning of aesthetics is further developed to recognise the complexity of practice within the need for making an interpretation. In my experience, within nurse education and practice these terms are not commonly known nor are they easily understood by nurses which make their application in practice difficult.

I recognise that the use and process of reflective practice for Johns has a different orientation from that of Argyris and Schön (1974), Schön (1987 & 1983) or Gibbs (1988). Johns' (1998) model of structure reflection is a linear, step by step approach with a predetermined process as opposed to Gibbs (ibid) reflective process which is cyclical. Johns' (ibid) directs reflective practice towards the development of insight and a caring relationship with patients. The purpose of reflection and reflective practice are seen more as a way of behaving or being than of knowing. For Johns, the nurse becomes both the instrument of healing and the means for transforming nursing. Although it is not clear how this transformation occurs or how this can be taken forward to develop nursing practice as a discipline.

This discussion of the use and processes of reflective models supports the worthiness of my investigation. I was able to question, read and observe the way in which the trainee mentors gained knowledge through the use of a reflective model or cycle of reflection. If using the reflective

cycle (Gibbs 1988) the trainee mentor is expected to reflect on their own learning experiences and be able to describe the process of those experiences, while the practitioner using Johns' (1998) Model is expected to tell their story. It is not easy to undertake a reflective description of experiences especially when the purpose of reflection is to explain learning. As recognised by Boud and Walker (1998) the context of practice learning has not been questioned. Also, according to Burton (2000) there is a lack of research to support any value in undertaking reflection with regard to making a difference to patient care.

This process of linking knowledge to information and prior knowledge as part of the development of understating has been termed by Dervin, in Glazier and Powell (1992) as 'sense-making.' 'Sense-making' for Dervin (1992) is a concept developed to explain the means of filling a gap in understanding. The gap is between information and the self and occurs over a period of time. Hence, 'sense-making' as a concept may help me to explain how the trainees mentor use the knowledge that they generate through reflection to further inform their self development and because of this the concept is important to my study.

Criticism regarding learning to reflect and reflective practice are related to the personal effort required (Taylor et al. 1997). This is an important consideration in relation to my study as effort is involved in learning to become a mentor. There is also criticism of reflection because it is seen as romanticism and has an inability to recognise the wider contexts of reflective practice according to Taylor (2003). There may also be barriers to learning such as, cultural difference. Cultural perspectives of learning and concepts of valuing differences are rarely explored according to Alexis and Vydelingum (2005). A further argument by Cotton (2001) relates to the explanation of a person's thoughts or concerns that are personal to them that are then made public within written assignments. I also share this concern. Trainee mentors should not use the learning

process as a cathartic opportunity but as an opportunity to express professional and educational concerns.

Before explaining my research question it is important that I update the literature review on the processes of reflection and reflective practice. My data were collected before 2006 and others have written about reflection and reflective practice as constructs for learning since then.

Taylor (2006) has argued that reflection and reflective practice in nursing can be thought of in three ways: technical, practical and emancipatory. Technical, relates to what we understand as logical and deductive thinking and from which knowledge and skills of critical thinking develop our abilities to question from an independent perspective. The purpose of this type of thinking may support the development of policies and procedures. The purpose of practical reflective thinking concerns social interaction and may improve communication skills and practice outcomes for patients. Emancipatory reflection recognises issues of power. It also recognises the potential of awareness to make an analysis of the problem with an aim to address the issues. In my opinion these three types of reflection relate to reflection on action and are not types of reflection for learning from a cognitive perspective but are reflections on the organisational nature of nursing.

That we should know what reflective practice is concerned with is the focus of Johns (2006). I still have a concern with Johns' model in that terms of reflection are grasping at concepts that suite the description rather than providing a definition. For Johns, the concern of reflection has remained with learning from everyday nursing practice to gain insight into what is required as that which is looked for. He takes his ideas for understanding desirable practice forward exploring concepts of culture, compassion, and learning through the experience of the situation as action. As a lived experience, Johns (ibid) sees such reflection is to promote understanding, to empower action and change situations. These

concepts are introduced under the terms of critical social science. Such a reflection I consider generates a responsibility yet without fully explaining the term Johns (ibid) discussion moves on to more complex ideas and it remains hard to interpret. Because Johns (ibid) use of language is complex it remains hard to follow his generation of ideas although his focus on learning remains.

More recent journal articles that have a focus on reflection and reflective practice have provided a more structured approach to exploring the use of the terms. Levett-Jones (2006) recognises that there are few methods that facilitate understanding through reflective practice and uses the approach of 'narrative reflection' in her study. According to Levett-Jones (ibid) narrated reflections generates the opportunity for the student to learn how to make an analysis and how to make a self assessment. The students learn how to recognise strengths and develop objectives in relation to practice. Writing a narrative account included clinical episodes, reflection and applying a competency standard. The students were also expected to develop further learning objectives. The paper concluded with a discussion on the positive benefits of using the intervention.

Reflective thinking as a critical activity is thought to improve patient outcomes. Gross Forneris and Peden-McAlpine (2007) explored the implementation of a 'contextual learning intervention' (CLI) to see if its use would improve the critical thinking skills of newly qualified nurses. The interventions were in the form of a narrative reflective journal, individual interviews, preceptor coaching and leader facilitated discussion groups. The result indicated that the use of the interventions had helped the development of critical thinking. Critical thinking as a reflective activity was not defined further than naming four attributes derived from the work of traditional writers of reflection as reflection, context, dialogue and time.

The attributes of context were explained as characterising broader aspects of patient care that included assumptions and expectations but these attributes were not fully discussed. Gross Forneris and Peden-McAlpine's (2007) study concluded that it takes time for new nurses to develop a more intentional reflective thinking that includes all aspects of care. They also felt that there may be value in introducing an intervention to help the student develop focused reflective practice.

Bulman and Schutz (2008:2) define reflection as a 'reviewing experience from practice so that it may be described, analysed, evaluated and consequently used to inform and change future practice'. These terms of reflection appear easy to understand. The source of explanation of these concepts are nearer to everyday nurses' understands of what it is to reflect in practice. Terms used recognise that nurses give attention to practice and take opportunities to learn from the context of events as they occur. This ongoing nature of reflection in and practice develops critical thinking skills that have become so important in everyday practice and in the need for nurses to be advocates and work from an autonomous perspective in making those decisions that impact on the patient care experience.

In a study by Duffy (2008) guided reflection is utilised to support students learning. For the 'preceptor' guiding the reflection the skills of self-awareness, critical analysis, synthesis and evaluation and an ability to ask questions that can change the students' level of understanding. The findings developed three themes that can be used in relation to trainee mentors in my study mentoring, critical relationships and guided reflection. These themes indicated the level of support required for the trainee mentors themselves and the difficulty involved when challenging students and the feeling of work overload all important to recognise in a role where little or no additional time is made available for reflection.

Reflective groups were explored in a study by Manning et al. (2009) they involved 'focus' groups and via a thematic analysis of taped interview data. Reflective groups where students were able to talk about and shared experiences were identified as being of value. The students indicated that the reflective group itself influenced their learning and promoted a shared experience of learning. The value was in the level of support provided through the group and realising that they were not on alone and all were facing similar leaning experiences. The facilitation of the groups is briefly discussed as being non judgemental and that the facilitator was known to and trusted by the students. This is important to my study. It supports the value of reflection and sharing experience in relation to achieving the leaning outcomes for the mentor programme and providing opportunity of this on the timetable. This updated discussion on reflection and reflective practice has enabled me to recognise that the introduction of particular tools to support learning that promotes reflective thinking has been the main area of development since 2006.

In summary, and based upon this synthesis of the literature on the use and processes of reflection and reflective practice seems to range from an individual achieving self awareness and educational development to a potential for change and a reconstruction to benefit society. I have identified that the concepts are important, used within the mentor programme yet, the way in which the use of the concepts influence learning for educational programmes does not seem to have been explored. There seems to be little insight of any great consequence in this area of educational research where context, theory and values play such a part. These are important considerations in developing my research question where the expectation is that trainee mentors learn the role of the mentor using reflective frameworks. Thus investigation into the use of reflection and reflective practice and its influence on learning is relevant to the development of the trainee mentors, to my facilitation and to the generation of knowledge as such, the literature review has led me question;

- How does the use of reflection and reflective practice influence the outcomes of learning for the mentor programme?

The literature review provides a theoretical framework through which to explore the research question. Exploring reflective learning seems to have a potential to inform nurse education on how the trainee mentors make sense of their learning. While areas of knowledge have been gained regarding structured approaches to learning thorough reflection and reflective practice, how the use of reflective frameworks such as Johns (1998) Model and Gibbs (1988) reflective cycle may influence the learning for a particular programme does not seem to have been explored. Few studies explore the use of reflection or the ability of the nurse to learn through reflection and reflective practice. A critique of the application of science as technical rationality dominates approaches to the application of knowledge in nursing. Reflection and reflective practice are directing approaches to learning with little to substantiate their processes.

There is nothing absolute about my research question. The purpose is to provide a framework for thinking about the range of concepts that emerge from the differing studies. I wish to concentrate on the studies that have influenced nurses to learn. The literature review has determined the worthiness of this exploration. In order to provide a rigorous study into the trainee mentors use of reflection and reflective practice I now move to Chapter 3 in which I examine research methodologies and explain my choice of methods. I explain how data for my investigation are collected through interviews, observation and a review of the participants written reflective accounts. I explain my processes of analysis through the grounded theory approach of Strauss and Corbin (1998). I set out the ethical procedures and practical procedures through which I investigated my research question.

CHAPTER 3 RESEARCH METHODOLOGY

Introduction

In Chapter 2 I reviewed literature that had influenced the development of my research question. This chapter describes the rationale for undertaking exploration of the research question via an ethnographic case study approach. I present my use of praxis and the choice of grounded theory as my method of analysis. I follow this with a description of data collection, storage, and ethical application. Procedures to ensure authenticity, trustworthiness and credibility of the findings are then provided. I begin with my ontological perspective.

Ontology

Recent critiques of social sciences indicate that where there was once a clear relationship between philosophy and methodology this is now not the case according to Flick (2002). I needed to make a fundamental choice in relation to my beliefs, the nature of reality and how I might best be able to make an interpretation. Hammersly and Atkinson (1995) argue that undertaking research has been diversely represented as a choice between two main philosophical paradigms, positivism and phenomenology or naturalism.

Hammersly and Atkinson (1995) point out that positivism has its history in philosophy promoting the role of statistical methods, experiments, testing and survey research. More recently, post-positivistic philosophy has taken its place recognising that knowledge is socially constructed, influenced by our values and is a part of who we are. In the literature, the two paradigms seem intertwined but each seems to be represented by a different set of assumption about how we may know. Lather (1986) proposes that post-positivist research sees the researcher as part of the research process. For Coffee (1999) the findings are integral to the researcher's own way of thinking as they will be to my experiences as researcher.

The most important features of the positivist, quantitative approach, according to Cohen et al. (2000) are scientific measurement, control, validity, reliability, and analysis. Clark (1998) and Pollit and Hungler (1989) argue that scientific enquiry is systematically undertaken and *truth* is achieved through a verification of the observable findings separate from both research and researcher.

When considering the limitations of the scientific approach Pollit and Hungler (1989) argue that scientific methods could not be used to answer a question where influences are explored. If I had used a quantitative approach it would limit my ability to consider the perspectives acting upon my research question for example, the individual use of frameworks of reflection and reflective practice, learning, facilitation and the trainee mentors behaviour. The trainee mentors were on educational programme learning for the role of mentor some problems were bound to occur. I could not have expected them to behave consistently the same throughout the research period. If I had tried to implement any control, I would have generated biases. The meaning of their reality would not have been able to move forward with the progress of their learning.

Schön (1987 & 1983) views the technical rational approach as dominating professional knowledge. Yet the reflection and reflective practice that Schön, argues for is not derived through systematic thinking but through a natural or ontological way of considering and thinking through particular situations. In undertaking educational research my approach was to develop research methods through which to investigate phenomena and second, to enable me to generate new ways of thinking about learning and teaching that I would be able to share with the trainee mentors. As Lather, (1991a) argues, research needs to educate both the researcher and the research participants.

After much learning, I selected my approach from a wide range of philosophies and research methods as the qualitative paradigm as proposed by Field and Morse (1996) and Polit and Hungler (1999).

Qualitative research includes numerous methodological approaches that focus on describing the in-depth experiences of people and their social contexts. Because of its potential for exploration this is a relevant approach through which to investigate my question. Each methodological approach for example, phenomenology or ethnography has a different philosophical orientation that directs the research questions and the procedures for data collection and analysis. Each of these approaches acknowledges that reality is based upon the individual participant or researcher's perception but assumes that reality is different for each person. Reality also changes over time. Further to this, an individual's knowledge only has meaning within a given context and as each individual's perception is different, there may be many different interpretations. Considering these issues, a qualitative approach would enable me to investigate my research question to develop an understanding of the use and process of reflection and reflective practice during the mentor programme. A qualitative approach would also generate, as suggested by Lather (1991b), a progressive qualitative procedure. I had an appropriate approach that would enable use of the research methods through which the context of my research question could be explored.

The disadvantage of a qualitative approach is that it has been thought to lack precision according to Cohen et al. (2007). I applied standards of internal validity and reliability in the form of stability and consistency as proposed by Cohen et al. (2007). In respect of this requirement, I later explain how I maximised all procedures and those of sampling, participant validation and methodological triangulation, to support precision and authenticity.

My research question was generated within a reflexive framework from reading the literature and through reflection on my ontological perspectives, my values, and past experiences. Following my reading of the literature, reflection and advice from a more experienced qualitative researcher at the ethics committee and through supervision from the

Open University the research questions changed from the original to address a principal focus on the use and process of reflection and reflective practice.

Educational Case Study

There are various types of educational case studies including theory-seeking and theory-testing case studies proposed by Glaser and Strauss (1967). There are also evaluative case studies, that is, a single or collection of studies for the purpose of judging the value of policies, programmes or institutions as described by Stenhouse (1985). There are also illuminative case studies as explained by Parlett and Hamilton (1976) as story telling and picture drawing case studies described by Bassey (1999). There is also action research through which insight may be gained or a contribution made to the development of educational action as set out by Stenhouse (1985) and Stake (1995). My choice was that of an ethnographic case study as suggested by Yin (2003). This allows for the context of the study to be explained and for a range of methods and perspectives to be explored. For example, I wished to gain an understanding of trainee mentors' experiences of learning through the use and process of reflection and reflective practice. Therefore, the choice was justified. In case study the context of the research is actively explored. I was able to ask the question of 'how' in inquiring into the trainee mentors use of reflection and reflective practice and interpret the nurses' responses according to Yin (2003).

The case was made up from nurses registering to undertake a mentor programme at Summertown University. The nurses are referred to as trainee mentors or participants. In line with qualitative methodologies, and the demands of exploring my research question, I used a range of methods in collecting data to bring out details from the perspectives of the participants. Data collection included observation, interviewing and written reflective accounts from the participants. Yin (2003) suggested that I prepare myself to adjust to different participants' situations including clinical practice contexts. According to Bassey (1999) the data collected

becomes the main entity and represents the unit of analysis as the case study participants attending the mentor programme.

My use of case study was justified because my research question focused on reflection and reflective practice undertaken by my participants during an educational programme. Yin (2003) proposes that exploring educational phenomena from a range of perspectives increases the study's reliability of data collection strategies. The result will be a singular view of an aspect of professional education rather than a generalisation as pointed out by Stake (1995).

Case study research recognises areas of research that has been undervalued but may be important when exploring new teaching and learning methods. The ethnographic case study approach provides my investigation with an appropriate boundary for data collection from the trainee mentors undertaking the mentor programme. My participation was within that boundary.

Ethnography

Ethnography emerged from anthropology and has been used to gather data from people in their natural settings by the researcher being there sharing experiences, observing and questioning sometimes over long periods of time. According to Hammersly and Atkinson (1995) ethnography supports the development of a detailed study of a small number of participants thus enabling the researcher to focus on interpreting the meaning of what is observed. Fetterman (1998) argues that while aiming to include all, the account may fall short of the whole. The emphasis is on exploring a particular phenomenon more than testing hypotheses. Ideas of culture help the researcher to identify patterns within the observed behaviour of a group according to Fetterman (1998).

My research question arises from my interest in the development of trainee mentors with a potential to become qualified mentors through a programme in which I was involved. Insight made me feel uncertain of

what I may uncover hidden within the investigation. The influence of the work of Lather (1991a&b) and Lather (1986) caused me to question my role as an ethnographic researcher. For me, this meant I had to explore my pre-conceptions regarding the participants and their understanding of their context. The implication was that I needed to explain my actions and to accept accountability for the outcome from the perspective of praxis.

Praxis

Translating praxis into my research design to explore the demands of the research question required me to reflect on any indications for change relevant to the participant's world of learning. Praxis required me to take action through interpretation of issues as they arose. Thus I was using the research opportunity to help the participants to understand their situation (as explained in chapter 4).

Triangulation

With accountability in mind I was supported by Yin's (2003) thinking, with the multiple methods known as 'triangulation' that I used to collect and generate data (see data collection below). Through triangulation, data linked back directly to the original evidence base providing a rationale for change. Ethnography explains how I undertook this study while triangulation provided the reason that praxis was so important.

My approach was justified as appropriate. I was undertaking the study as part of my own learning. I had not wanted to be only a recipient of information or learn from a position of dominance or from a distance. My research question had evolved from the deepest respect for the intellectual ability of the trainee mentors to learn in and from practice as reflection and reflective practice. As Lather (1991b) explains that the way I undertake activities when facilitating the trainee mentors will also inform my understanding. Consequently, the social construction of the nurses' knowledge during the mentor programme determines the concepts that provide a theoretical underpinning for data analysis through the grounded

theory methodology. As with Coffee (1999), my commitment was made to an ethnographic, case study, undertaken through praxis.

Research Process

Sampling

Participants were engaged using a purposeful sampling technique as described by Cohen et al. (2000). I considered that the participants were typical of trainee mentors who were undertaking the mentor programme. Participants who were in some way different were included in order to represent diversity. One example is that, there was a marked difference in age and length of time qualified as a nurse before undertaking the mentor programme. A sample size can vary and the decision to stop recruiting new participants according to Strauss and Corbin (1998) occurs in relation to the grounded theory methodology when no new information emerges and when categories appear to be completed. This principal applied to my sampling procedure.

The selection criteria were that the person was a trainee mentor working within the geographic boundary of my ethical agreement. Demographic information of diversity of gender, age prior experience of using reflection and reflective practice, length of time qualified and grade of qualification as characteristics of my sample can be seen in Figure 3.1. The participant's country of origin was gained (Figure 3.2.) to represent the diverse professional nurse workforce within the NHS.

Fifteen nurses participated and formed the base for the data collected. Information regarding my study was provided on the first study day of each mentor programme. Recruitment was by the trainee mentor informing me that they would like to participate. On agreement to participate a letter providing information about the study was provided (Appendix 4). All ethical procedures of consent were followed (see Ethics section). The characteristic of the participants represent the typical trainee mentors at that time. Many had been qualified nurses a long time with out any previous opportunity to undertake mentor training. The range

of nursing grades was representative of the qualified nurse workforce on the different wards. The grades were representative of from D grade to being newly qualified nurse to G grade as a ward sister although there was no stipulated time scale for progression. Progression was based upon both experience and opportunity for promotion.

Figure 3.1 Sample Characteristics

The size of my sample:	N =15
The age range:	22 years to 50 years.
Gender differences:	Male nurse learners N = 2
Prior experience:	Variable insight
Length of time qualified:	From 1 to 30 years
Registered Nurse D grade	N = 5
Registered Nurse E grade	N = 4
Registered Nurse F grade	N = 5
Registered Nurse G grade	N = 3

Participants’ countries of origin are important for me to include representing the diversity of countries from which the trainee mentors stemmed. This information is provided to demonstrate that sampling was representative and did not exclude those qualified nurses coming to work in the NHS from overseas at that time.

Figure 3.2 Participants’ Countries of Origin

South Africa	2
Australia.	1
China.	1
Philippines.	4 (Male=2)
Ireland	2
England	5

I purposely have not included individual participant profiles as I feel that this may divulge identity. This would not conform to ethical requirements of confidentiality. Such revelations may cause a detrimental effect as yet unknown but may affect their future careers or educational opportunities. I had a sampling strategy in place and opportunity to select trainee

mentors to represent diversity and strengthen the richness of the data. Now I focus on the research context and data collection strategies and consider any advantages and or limitations in early preparation for grounded theory procedures as suggested by Cohen et al. (2000).

Research Context

The context of the clinical practice environments in which reflective practice takes place is an underdeveloped area of discussion according to Boud and Walker (1998). By this I am referring to the total institutional, social, cultural and political context. (I have discussed these issues as they emerged from within the literature review Chapter 2 page 14 - 22).

Data collection

Data collection methods included 1) semi-structured interviews, 2) non-participant and participant observations of trainee mentors in practice teaching and assessing student nurses. 3) Written reflective accounts from the trainee mentors and field notes written by me.

Interviews

My justification for undertaking semi structured interviews with the participants was that they are integral to critical ethnographic research methods according to Atkinson et al. (2001). Undertaking interviews assumes that the perspective of others has a meaning that can be shared and understood according to Patton (2002). Undertaking interviews was also justified in relation to the research question. The best approach to exploring how the trainee mentors used reflective frameworks was to ask them. The written accounts were of value in exploring incidents but did not always explain the use of the reflective model or cycle. I would not have been able to learn how the trainee mentors were utilising reflection and reflective practice in any depth with out asking about their approach as reflection is not observable.

I undertook the semi-structured interviews between April and December 2005 having completed all ethical agreement and after I had written an

initial draft of the literature review and this chapter setting out the research methodology. The interviews took approximately an hour. All interviews were conducted in private and agreed locations, within the hospital environment and followed ethical consent to ensure agreement included; signed consent prior to and at the end of the audio taped interview. This required a witness signature of someone near by for example, a receptionist to validate that the participant had agreed as requested by the Ethic Committee (LREC). Although there were extraneous incidences that could have affected the interview procedure (the noise of a vacuum cleaner and a road drill just outside the window) these did not seem to affect the interview but transcribing was demanding and took up to ten hours for each interview.

I conveyed a professional approach by introducing ethical procedures and giving information on the topic of the interview. I considered Lather's (1991b:57) words and tried to move from the 'status of a stranger to a friend' by aiming to be friendly to reduce any self consciousness. In the event the audiotape recording was more of an intrusion for me than the participants. I had to turn the tape on at the start of the interview and check it was functioning. The participants did not seem to mind and were eager to talk, so we talked to each other as explained by Atkinson et al. (2001), whilst I aimed to stay within the interview question framework as set out below (Figure 3.3). After the interview and after then gaining the witness signatures, dates were agreed for me to observe the participant in mentoring situations. I also made further arrangements to meet the participant to return the transcribed interview for them to review in line with respondent validation.

Written reflective accounts

The written reflective accounts of learning were obtained from the trainee mentors after the participants knew the outcome of their practice and written assessments. Their use was justified in exploring approaches to reflection and reflective practice as they gave examples of the way the

reflective frameworks were used as a tool for learning and also for teaching the student nurses.

Figure 3.3 Research questions and guide to interview questions.

Research question	Framework for interview questions
How does the use of reflection and reflective practice influence the outcomes of learning for the mentor programme?	What was your knowledge and experience of reflection prior to attending the mentor programme? Were you taught reflection in your training? Where did you first hear of the term reflective practice? Have you used the process of reflection prior to the mentor programme? Can you identify your learning when you are reflecting? Does reflection help you to see the wider aspects of mentoring for example the social and ethical perspectives? Would you use reflection with your student to promote their understanding of patient needs? What was your knowledge and experience of mentoring prior to the course? Has this helped your understanding of the value of reflective practice? Now that you have completed the mentor programme will you use reflection to support your ability to mentor student? What is the perception of the knowledge you are gaining? Is the knowledge you have gained through mentor programme sufficient to support your ability to teach? What constraints do you face in learning? Do you understand the purpose of reflection for nurse education? Did the course content help your development as mentor? Are you able to undertake the role that you have set out to achieve as you would like to?

Observation

Undertaking observation was justified in relation to undertaking ethnographic research (Atkinson et al. 2001). The essence of ethnography is the values of being an ‘insider’ as explained by Lather (1991b). In order to understand this I needed to be with the participants in the practice setting. Often ethnographers ‘go native.’ This was not possible for me as I was known in the environments and had previously worked at the NHS hospitals. I had an honorary contract (see Ethics

section) and was in a different role. Effectively, I was viewed as an 'outsider' (Lather 1991b) by the hospital staff.

I was also influenced by the work of Goffman (1959) who put forward that acceptance or non acceptance is encountered in relation to not only how you enter an environment but from where. It was known by many of the trainee mentors that I was employed by the university and hence they knew that I entered the practice environments as a tutor and researcher. From previous experience I knew I may gain insights in the 'back regions' such as the rest room and the kitchen. I knew where these were and when they were used by the nurses. It is here that shared interaction took on mutual understanding that Goffman (1959:122) suggests, "that each knows about the other" and the chatter occurred. It was important to my study that the trainee mentors felt comfortable and not self conscious by my presence. Seeing me, and seeing me in surroundings that were familiar to them I felt helped them to get used to my presence.

I did talk to the participants when observing them. I use the term responsive non-participant to explain my role. I did not feel I could observe with out some verbal exchange regarding the activities. As explained by Patton (2002) observation in practice required my physical and mental preparation. I made two familiarisation visits to check out my 'presentation of self' as discussed by Goffman (1959). I paid attention to what I was wearing and I recognised what Argyle (1990) said regarding my physical presence influencing to a greater extent than anything that I might say. To be attentive to this was important to my study; I did not want to stand out so much that I drew unnecessary attention to myself.

Observation occurred in the practice environments except the cardiology unit and private hospital single rooms because observations here would have impinged on patient care needs. I took up positions in the ward from where I could see events occurring. For example, I watched a trainee mentor engaged in supporting a student learning how to giving a subcutaneous injection. Starting in the treatment room I moved with them

as they went towards the patient's bedside but I stayed at the door way of the bay where I could still see and listen but was not so invasive. I did stand nearby and I listened afterwards to the reflective recall of the whole procedure of changing a dressing as it occurred between the trainee mentor and the student. On a further occasion, I stood in the door of the treatment room and listened to a conversation between a trainee mentor and a student prior to starting a drug round. Such episodes were many and various revealing a dynamic understanding of the interactive and reflective development of the participants into the role of the mentor. I moved away from the direct environment to record what I had observed.

My reflection as part of the research process was subjective and reflexive as suggested by Rolfe et al. (2001). I was keeping my focus on the participant's but on occasion was asked questions with regard to paperwork issues. I was asked how to complete a student nurse's attendance form by a mentor. I was asked what she should do about a student's poor attendance in practice. Overall, I aimed to be in the environments long enough to take in and observe activities constructed for mentoring but not so long as to over stay.

In a different observational context in class, I took on a participant role with the opportunity to interact through a range of different teaching methods that included discussion and reflection. Not always teaching, I took on the role of facilitator for group action learning. I would help formulate and construct ideas and generate discussion and feedback. In this way, I gained a further 'connection and location' to the participants as Coffee (1999:7) stated. I was also writing field notes at the time and later reflecting on events.

Observational notes

Observational notes were mainly written in staff rest areas in the hospital or in class. Reflection later in the day took place and was also effective for recall as an ethnographer. As Atkinson (1992) proposed, I needed active engagement with the text and in making interpretations. On

occasion the notes include descriptions of the participants, their non verbal communication as well as particular episodes of interaction.

Ethics

I have drawn on ethics to help me to formulate my thinking to ensure the research was based on principles from Research Governance (DH. 2001; 2005). Research Governance sets the standards for undertaking research in health and social care. As my research involved health care professionals the Department of Health required that it was subjected to independent review to ensure ethical requirements. I attended two ethical committees.

Ethical application and the need for equality

I completed a 65 page electronic application form to gain ethical approval which was returned to the Local Research Ethics Committee (LREC). January 2003 I made a formal presentation to the LREC. Discussion here enabled me to further gain a focus for my research question. The committee members explored a range of questions with me such as; how I would maintain equality if I interviewed the participants prior to them completing the mentor programme study days as they may see this as a tutorial. I was asked not engage participants for research interviews until after the last study day of the programme. The outcome was that I engaged the participants in observation after the last study day of the programme but did not engage the participants in the interviews until after they had gained their results. I felt this would promote the responses to be reflective of the participants' overall achievement and I would not be seen as influencing the outcome of their achievement.

Ethical approval was based on the outcome of each stage of the Local (LREC) process including 'Summertown' University, and a further interview and presentation to the Central Research Committee (COREC). Ethical approval was confirmed by letter from COREC in March 2004 (Appendix 5). An Honouree Contract was set up to enable to me to undertake observation between March and December 2005 giving time to

focus on the written component of the investigation. This was granted on the basis of a Criminal Records Bureau investigation. On completion I was able to undertake the research in line with all NHS trusts' Policy and Procedures, Research Governance, and the Data Protection Act (1998).

I confirmed all stages of ethical clearance with two Directors of Nursing. Locally, I gained agreement from the Matrons and Ward sisters. Having achieved ethical approval the nature of observation became 'overt' as discussed by Bowling, (2004). Conversely, I also had to consider 'covert' observation as justifiable as discussed by Burgess, (1989). When I observed on the wards I was not sure if staff had been informed of why I was there or not. I was not informed of what information had been given to the staff and did not resolve this dilemma. Ethical agreement had taken fifteen months reflecting the ethical implications that were involved in the relationship between the committee, the institutions, participants and me.

Benefit and not causing harm

Research Governance includes protecting research participants' rights and maintaining a responsibility. This is particularly in regard to consent, anonymity, confidentiality, benefit and not causing harm all of which I considered from the outset of the study and The Data Protection Act (1998). The participants were free to make their own choices without coercion and are not identified. In line with the DH (2001 & 2005) I had no intention to cause harm psychological or physical. These points were assured by my own adherence to DH (2001 & 2005) and to the NMC (2002 & 2004) and through the supervision of the research process.

Voluntary informed consent

The LREC had agreed that I could give information of the study on the first day of the programme. I made it clear that participation was voluntary. Informed consent relies on mutual respect thus it was the heart of my framework for ethical procedures as set out as essential by DH (2001 & 2005). All information about the research study was provided to potential volunteers in a letter describing the project (Appendix 4). The

consent form provided further details (Appendix 6). The consent form was signed and the signature witnessed. A dual consent form (Appendix 7) was drawn up to be signed prior to and following taped interview to ensure that there was agreement for the tape to be transcribed. I checked understanding before the consent forms were signed. In this way I maintained ethical principles of respect for autonomy and no coercion was involved. It was stated on the consent form that confidentiality would be maintained in respect of data protection and anonymity.

Protecting anonymity

Protecting anonymity and not revealing identity is a concern in educational research as discussed by Spradley (1980) and Cohen et al. (2000). It reflects the ethical approach that I took throughout the investigation, the analytical stages and within the final report. I assigned each participant a code number and kept data secure. As the research was also supported by Summertown University ethics committee I was asked by LREC to print both letter and consent forms on University headed paper (removed here to maintain confidentiality). I did not need to change the participant's sex or nationality. No names were used on the audiotapes.

Grounded theory

This section focuses on the methods I used for the analysis of the participants' data. Grounded theory is a process known as constant comparison and occurs continually through the research process, directs further data collection and or theoretical sampling techniques (Strauss and Corbin 1998). Grounded theory in ethnography focuses on making connections between events, comparing data to data and integrating the categories demonstrating relationships between the concepts (Chamaz and Mitchell 2001). (My data collection schedule can be seen in Appendix 8. A transcript interview can be seen in Appendix 9).

I took a grounded theory; ethnographic approach described by (Chamaz and Mitchell 2001) as inductive and a theoretical construction. I moved from the data and its analysis created from my interactive experiences and relationship with my participants to draw conclusions and develop a praxis theory of learning. I followed aspects of the procedures of Strauss and Corbin (1998) 'paradigm model'. The exception was the Open Universities requirement to undertake a literature review early in the study while Strauss and Corbin (1998) suggest that there is no need to review all the literature as this may reduce creativity.

While grounded theory is derived from the research data it represents, two types of theory can be produced; substantive and formal described by Glaser and Strauss (1967) in Strauss and Corbin (1998:23). I recognise an association here in developing theory through a praxis approach. Substantive theories are relevant to the people concerned with the research process and are open to being further developed. In contrast, formal theories may not have such a relationship between people and places as abstract. Strauss and Corbin (1998) argue that both substantive and formal theories are mid-range theories this means that they provide an insights into occurrences and hence are a value in their ability to relate theory to practice. Identification of substantive theory here was important for my study. Following completion of grounded theory analysis of my data a substantive praxis theory emerged. This placed an emphasis on the my perception of the participants and on my interpretations of the data as well as the inclusion of the participants perspectives, sensitivities and actions as described by Strauss and Corbin (ibid).

First, each participant was allocated a ring binder folder and this held all the paperwork of each participant's printed transcribed interviews, their written reflective accounts and observational notes. The transcribed data was also saved in a named document 'word' file enabling retrieval of the data by using a number that related to each participant.

In a word file and using a tabulated format and following the procedures as set out by Strauss and Corbin (1998:105) I listed each phrase of analysis commencing with, 'open coding' which began at a descriptive level to identify 'in vivo' codes. I starting this process with the interview data, following this, the same process was undertaken with the written reflective accounts. I identified codes that directly represented the participants own words clearly reflecting their perspectives of learning or an activity. Each line of data was analysed, conceptualising how the participant used single words and phrases. For example, 'finding my way' or words used to that effect, was a code that emerged from each participants interview data. I asked questions of the code such as; what does this mean? What else could it mean? I undertook this first activity in support of reliability and as it is described by Strauss and Corbin (1998:58) as the line by line analysis through which initial categories are generated.

Eventually, I classified the codes into categories through making comparisons across the extent of the data. The questions asked were theoretical in that they were questions generated from the discussions and perspectives within the literature regarding, concepts of professional development, mentoring and reflection and reflective practice. Such questions were in relation to the practical application of learning undertaken during the mentor programme and also through my approach of praxis and the search for professional development. This process of analysis were slowly progressing the relationship of both my understanding of the process of analysis as well as the criteria for inclusion of a concept into a category as explained by Strauss and Corbin (1998: 66). Significantly, this revealed the repeated presence of specific concepts especially noticeable within the trainee mentors interview data. Next through using the approach of axial coding, I was able to bring data from each data source together.

Axial coding is the movement of sections of data linking concept to situation through a process of analysis of the categories in the data. I was

interpreting the categories first of each participants interview and then written reflective account and their relationships to each other. Gradually I was gaining an understanding of the participants' processes of reflective learning. I worked through all the concepts linking each one to the next via the 'how' and 'why' question of the trainee mentor data and built my knowledge of the emerging category from their perspectives of learning. I was guided by Strauss and Corbin's (1998) paradigm model but the questions I asked were derived directly from the ethnographic research design, literature review and my approach of praxis in making and analysis of what was happening within the activities undertaken during the mentor programme.

I was fully involved in the process and eventually, wrote a summary using the headings that had emerged for each category and a story line from within the category and subcategory as described by Strauss and Corbin, (1998:148) returning again to the participants' original data to check that I had the right context. According to Strauss and Corbin (ibid) it is at this point data is perceived theoretically instead of descriptively. I went deep into the content meaning and activities of the participants. Patterns started to emerge from the story lines that were directly based on the participant's sequential processes of learning. Importantly I had maintained a direct line reference number to the sources of data that could easily take me back to the participant's words and phrases and thus ensuring credibility of the theory as it developed.

Trustworthiness and credibility and of findings

Establishing trustworthiness, credibility or reliability of findings of data is essential in qualitative research as explained by Cohen et al. (2000). In relation to grounded theory, credibility and trustworthiness of findings are required to ensure that the theory generated is able to provide those who use it with some ability for practical use. For example, the person using the theory should be able to use the theory but also know what difference it has made to their understanding. This they should be able to explain the changes in this case in relation to their learning situation through use

of the theory (Glaser and Strauss 1967). The sampling strategies that I used (see above) ensured that the experiences described by the participants represented the experiences of all the trainee mentors who undertook learning through reflection and reflective practice during the mentor programme. Credibility of the findings is also supported by the grounded theory process of analysis applied to each trainee mentors data strengthening each category as the theory emerged.

Using constant comparison method, data were reduced to concepts and assigned to the relevant categories conceptually linked. Coding then progressed to a conceptual level and comparisons and relationships were made between the data or the trainee mentors responses. Data analysis included analytic memos about the data driving ideas and questions regarding categories and emerging theory. Strauss and Corbin's (1998) grounded theory progressed through the stages, each overlapped but I continued to use the stages throughout the process.

A further way in which trustworthiness and credibility of findings were ensured was through participant validation of the interview data (Lather, 1991b) undertaken by me. I met each participant and showed them their transcribed interview data and asked them to read, check and verify it as their account. I gave them time and asked for feedback, I had not wanted to sustain any disempowerment as pointed out by Lather (1991a). The participants were pleased and interested as Lather (1991b) had indicated. Each participant verified their words and made comments sometimes about their own use of language or in relation to feeling valued. I was asked if the transcript could be kept by one participant for her PREP folder in line with her own development of research understanding. Returning the transcripts to the participants was inclusive to undertaking research as praxis. This was the participants accounts not mine but I was accountable for its accuracy. I also returned to a selection of participants with the developing theory to gain their views on its relevance. As Lather argues, I did not see myself as an interpreter of their world (Lather

1991b:59). Crucially, participant validation established a trustworthiness and reliability of the emergent theory.

Stability and consistency

The provision of information obtained over a period of time revealing similar information from the same participants provided stability and consistency of data as explained by Cohen et al. (2007). I had gained permission to observe inside activities as an outsider. As it was for Coffee (1999) stability was also my commitment. Crucially, maintaining a consistent (reliable) approach required by Cohen et al. (2007) supported the credibility of the research process.

While data was collected at different times of the day, from different places and different participants in relation to triangulation, I maintained the consistency of the research as the focus was kept to the same hospital localities and the same participants. The same information letter and consent form was given. The taped interviews followed the same guided framework of questions providing a consistent approach to each participant interview. Dependability was generated through my loyalty and commitment to the research, to the participants and to the role of researcher and tutor and all aspects as set out. In conclusion, in (Figure 3.4) I provide a summary in relation to the research question, data sources and the processes for data collection.

Figure 3.4 Research Design questions related to data collection.

Reflective Practice	Data Source	Data collection
How does the use of reflection and reflective practice influence the outcomes of learning for the mentor programme?	Semi structured Interview	Meeting the participants in their practice environments.
	Observation of participants in the practice environments and in class.	Field notes Obtained from the observation participants
	Reflective accounts of learning	Access to written reflective accounts of learning

Dissemination

The readers of this dissertation will be interested educationists and practitioners in health and social care. I have disseminated my research development to the three ethics committees, curriculum group, research groups and interested peers at Summertown University. Dissemination will continue via educational and nursing journals and seminar presentations. I have made two presentations at of my study progression to tutors of the EdD, along with the progress reports.

In summary, I was undertaking an ethnographic case study. The design places ethics at the centre of the research and requires my accountability. Accountability is essential when undertaking research. I was an insider to Summertown University but an outsider to the research environment of clinical practice. I knew that I was being critically and continually evaluated by practitioners and academics. I also knew that the study was being conducted within a time frame however, through the development of an appropriate methodology and to respond to the research question, I was able to observe the trainee mentors, analyse their accounts and develop a praxis theory. I was able to inform the curriculum development group throughout the research process and influence development in approaches to teaching. In the next chapter (Chapter 4) the study provides a justified explanation of the research questions as worthy of investigation.

CHAPTER 4 DISCUSSION AND INTERPRETATION OF FINDINGS

Introduction

In the previous chapter I provided an explanation of my thinking: research design, data collection strategies and analytical framework. The structure of this chapter is that first, I will clarify how the themes emerged and the way in which each theme was named. I then present my findings and provide evidence for each theme. (A diagrammatic representation of the participants learning journey can be seen in Figure 5.1). At first, I was uncertain where to start as I found that there was no particular way of reporting the findings of qualitative research study (Sandelowski 1998). I took the advice of Wolcott, (2001:28) to 'begin at the beginning'. The beginning was the point at which my interaction with participants commenced.

Clarification of theme development

I had collected and assembled each participant's data ready for analysis. Undertaking the initial coding approach of Strauss and Corbin (1998) I was provided with a focus for using aspects of grounded theory for the study. I maintained a structured approach to the coding process of data collection and analysis (as set out in chapter 3). The 'in vivo' codes explained by Strauss and Corbin (ibid) directly represented the participants' own words used at interview. It was the identification that 'in vivo' concepts were repeated within the participants' data sources that initially enabled the development of a wide range of categories. While I had the lists of concepts that formed categories I was uncertain how to link these to each other until I had undertaken the processes of axial coding or moving sections of individual participant's data across to where their core concepts fitted the concepts of other categories (Strauss and Corbin ibid). Following the analytical processes of Strauss and Corbin (ibid) very closely I listed each of the core categories and wrote them down in no particular order. Strauss and Corbin (1998) emphasise that the step by step process of grounded theory should not be regarded as rigid but used flexibly and creatively. I felt it important to continually work from within the framework set out by Strauss and Corbin (1998) and

make constant comparison back to the participants’ own data, comparing incident with incident and category with category. Eventually, I was able to write a comprehensive story line that emerged from within the explanation of the categories themselves as described by Strauss and Corbin (1998). I made an analysis of the participant’s data on the basis of ideas drawn from the literature review, within this theoretical framework and working from within the explanation of the categories. Themes emerged and I gave each theme a summary heading that corresponded closely to the appropriate literature but was also based upon the participant’s data as set out below:

- Finding the way through the messy approach to learning reflection and reflective practice
- Making sense of reflection and reflective practice
- Testing learning through reflection and reflective practice
- Clarifying learning through reflection and reflective practice
- Confirming learning through reflection and reflective practice
- Evaluating learning through reflection and reflective practice
- Valuing learning through reflection and reflective practice

In Figure 4.1 I provide a summary of the sources of data used in relation to the process of analysis.

Figure 4. 1 Summary of the processes used to analyse my data

Sources of data	Process of analysis
Interviews	Grounded theory
Reflective Accounts	Grounded theory
Participant and non participant observations in practice and in class.	Deconstruction
Field note in class and in practice	Grounded theory

Finding the way through the messy approach to learning reflection and reflective practice

This theme is developed through the trainee mentors' interview data, reflective accounts, participant observation in class and observation notes. It is the first layer of learning (Figure 5.1) of the trainee mentors, learning journeys' in using reflection and reflective practice through which they would develop as mentors. Starting from the point of initial interaction, I discuss the issues as they emerged. First, several of the trainee mentors were upset that they were sent to undertake the mentor programme;

...I would have like to have been asked if I wanted to it and be made to feel...but someone put me on it without consulting me (June 3/11/05 interview).

I was sent on the course...next door was sent there was a few girls sent about four or five of us... I must admit we were all very negative (Angela 26/09/05 interview).

I was told if I wanted a higher grade I had to do it now (Jomyra 22/08/05 interview).

For my participants being sent to undertake the programme was contradictory to their expectations of continuing professional development (CPD). This action represented and reinforced an unequal power relationship between them and their line managers. The trainee mentors felt coerced and devalued as described by Dewey (1933). This was poor preparation for learning and did not help cooperative education between the trainee mentors and the tutors. The trainees' had been left feeling that there was little point in making any effort to learn and seemed passive in their approach as discussed by Dewey (1938). They had little interest in undertaking the programme as one participant expressed;

I'm not making a load of effort when I wasn't asked if I wanted to do this (Angela 26/09/05 interview).

At the start of the mentor programme I recognised this negative situation. Managing such an attitude presented me and the other programme tutors with an immediate challenge. In view of my research question I decided that I would utilise the concept of reflection to see if I could help the trainee mentors to think more positively about their experience. Reflection could help generate continuity between the trainee and what was to be learnt according to Dewey (1938). I wanted the trainee mentors to generate 'reflexivity' and acknowledge this as an experience. I wanted them to reflect on it as an event of the past and help them to change their thinking by looking to the future as proposed by Johns (1998:7). I wanted the trainee mentors to recognise that being sent to undertake the programme was less of a power struggle and more of a positive opportunity for their future (Dewey *ibid*) and I aimed to share and understand their concerns.

Initially, the trainee mentors were not able to direct their actions appropriately to learn from them (Schon 1987). As Dewey (1938:35) points out, 'education is founded on life experiences' and starting an educational programme following such an experience altered the trainee mentors' approach to undertaking it. The result was that the trainee mentors' behaviour was to be compliant, undertake the programme but at the same time they actively complained about it;

Why should I have to do this I don't like teaching students I will just do what I have to pass (15/04/05 participant observation in class).

I will do it now I am here but would rather not have to (14/04/05 participant observation in class).

Exposing and confronting contradictions in learning form criteria that can be applied to a reflective study for the role of mentor according to Johns (1996). My concern was that the trainee mentors were about to be exposed to many challenges in supporting the learning and development processes of themselves and others when undertaking the mentor programme. I felt that by making reference to the work of Johns' (1998) I was engaging with an appropriate rationale through which to resolve the issues of dominance. Johns' (ibid) model of structured reflection was derived from frameworks of nurses' critical challenges from a similar perspective.

The difference here was that reflection and reflective practice were new concepts for my trainee mentors. Only two trainees had heard the terms reflection and reflective practice used before. This was in relation to learning. None of the trainees had any prior experience of writing reflective accounts. I started to think about the trainee mentors' lack of understanding of reflection and reflective practice and how being sent on the course had generated a contradiction to the start of the programme. I also recognised the difficulty that this had for those nurses who had come here to work from overseas;

...basically I felt intimidated at having to reflect and write what I was thinking very much so we didn't do it back home (Khim 08/04/05 interview).

I felt I had to think about what I was doing much more and wasn't ready for that not to any depth at all until now (Mendi 24/04/05 interview).

In aiming to manage the trainee mentors thinking as effective for learning I questioned how I would best be able to facilitate. Reflection was intimidating; reflection on experience includes a view of our own actions and interactions that may cause us to take a look at ourselves from a critical perspective. According to Johns (1995) knowing about the self

could be interpreted as seeing the self within the context of the clinical situation. If the trainees were going to achieve the learning outcomes for the mentor programme they would have to reflect on their actions and interactions with student nurses in clinical situations. They would also have to be able to write about experiences as a shared social encounter described by Dewey (1938). Dewey's (ibid) thinking is that learning is an essentially interactive experience. This interaction was promoted within mentor education.

Recognising that the trainee mentors may perceive reflection as threatening, I was concerned that this was the problem. Schön's (1987) work seems to form a basis from which the difficulties involved in the use of reflection and reflective practice could be interpreted. The problem was that, in a situation where reflective practice takes on a critical perspective as a self reflection or through interaction with others, reflection has the potential for generating new ways of knowing the self. Undertaking a self critique as part of the learning process may be intimidating for the trainee mentors.

There is also an indication that developing a new role may be intimidating. This requires a period of adjustment to enable change to take place as a social process according to Johns (1998). Development into the role of the mentor was the aspiration of most of the trainees and their motivation to learn was evident. However, for those dealing with contradictory situations their thinking seemed conditioned to value objective knowledge more than gaining a reflective self understanding which, as pointed out by Criticos (1993), is a necessary part of the process of role development;

...it's easy for me to write from the books it was very stressful this was not so much about facts when I look back now it was meant to be done reflectively didn't do a very good job (Annie 29/09/05 interview).

I like to work from a knowledge base not from reflective practice for me it was not learning (Mario 11/10/05 interview).

Confronting the contradictions in learning is difficult. It is brave according to Johns and McCormack (1998). Critical thinking indicates a need to challenge the self it calls for an examination of beliefs and values as well as knowledge from within the evidence or the lived experience as explained by Johns (1998). Therefore, critical thinking is an essential component in managing situations of mentoring and as well as being able to write about them.

Initially, my trainee mentors were challenged by the need to write in a reflective style for reflective practice. This was compounded by their contradictions of not wanting to be on the programme in the first place. For some this was not something they were ready to do or had planned to do. A reflective writing style had to be learnt first before it could include critical thinking. The consequence was that the contradictory influences generated a mess;

...I found it very messy I was confused by everything (Maxine 23/11/05 interview).

...I don't understand what I am meant to do or write or how to write it (02/03/05 participant observation in class).

In class, the learner mentors openly expressed their fears and anxieties about achieving reflective practice;

I think it is a good way of doing it because it makes you look at other people but I don't know how to write it (02/03/05 participant observation in class).

Its kind of difficult to write about how you feel I am trying to understand it (02/03/05 participant observation in class).

*I am really anxious about writing I have never used it before...,
(02/03/05 participant observation in class).*

Addressing psychological aspects of learning is indicated in the work of Dewey (1938). Dewey generates the idea that learners need to be in control of their learning and to learn through experience. The process of organising information and ideas is an educational process. The trainee mentors' uneasiness would have to be overcome before they could learn. Eventually, this thinking indicated to me that the trainee mentors needed my attention and participation to regain control of their learning as described by Dewey (ibid) which I attempted to facilitate;

*...try to put your situation into a wider perspective this about
your future your career development what is it that you want to
go on to do in the future. You have already achieved fifty
percent of the course...you are qualified professionals... so
with half the knowledge achieved already I am ready to help
you achieve the whole; the outcome is in your control
(11/04/05 participant observation in class).*

I thought that by expressing my recognition of the trainee mentors' knowledge of nursing practice and already acquired knowledge I would serve to support their ability to use those skills when they supported the learning of student nurses. I aimed to help the trainee mentors to regain a sense of value. I aimed to show them that I understood their concerns and I saw them as worthy as addressed by Rogers (1951). I wanted them to get started on the learning activities and take responsibility for their choices. I recognised that their self initiation was a required goal, central to being able to learn (Rogers ibid) and I needed to move their thinking forward by letting them know that I believed in them as ready to learn and develop as mentors (Dewey 1938).

Reflecting on the concerns with the trainee mentors was interactive. I was responding to their needs. I showed that I was interested and involved in what they were setting out to achieve and that I appreciated that they shared their problems with me as their tutor (Rogers 1951). I had directed the trainee mentors to the purpose of the mentor programme from a different perspective, a perspective that valued and recognised their ability. I hoped that I would secure active co-operation for the purpose of learning with the trainee mentors that Dewey (1938) indicates is required before they could be involved with their study. Without active involvement, they would not learn and achieve the learning outcomes for the programme. The result of my initiation here was emotional. I took a risk in talking to the trainee mentors in this way. I did not know how it would be accepted. I was new to the tutor role and uncertain how I would be received.

We can become apprehensive by learning according to Rogers (1951). If the trainee mentors had become emotionally distressed about having to reflect on their teaching activities they may have seen the programme as a threat. I needed to work with their obstructive feelings to alleviate them. When described as emotional, reflection is at a deeper psychological level according to Mezirow (1981). As a result, such an introspective reflection would not be available for effective learning as learning requires personal development. Reflecting when upset is a barrier to such change. Deep emotion prevents the formation of thought for effective learning according to Rogers (1951). Evidence to support this thinking is gained from a field note following a tutorial;

It's very difficult for... I have tried to provide tutorial support but she is suffering distress. Her husband has become unwell. She seemed unable to think clearly about the assignment not sure she was able to listen or take in anything that I said (14/04/05 field note).

Rogers (1951) highlights a difference between learning as education and learning as therapy. I felt that I was able to give support and build a relationship with this trainee mentor. I was able to feel her concerns as emotional. However, if the goal of learning in education is for a person to be able to help themselves as discussed by Rogers (1951) I knew that this trainee mentor could not achieve that at the moment. If a person cannot be open to their feelings they cannot be open to taking responsibility for their education during the mentor programme. Learning for the role of mentor is through constructive learning experiences and cannot be achieved through counselling (Rogers 1990).

The discussion here provides me with valuable learning but I cannot move away from the point that reflection is also described as a caring emotion by Argyris and Schön (1974). However, I recognised that the trainee mentors needed to focus on developing as mentors. Understanding this would ensue that the trainee mentors only documented personal and professional perspectives about their learning that would lead them to change and develop as mentors and not those of an emotional nature as outside of the programmes learning outcomes.

The evaluation that I made at this point, is that the difficulties in commencing reflection for learning was representative of oppression. For example, the disempowering effect of sending some nurses to undertake the programme giving them no choice, had affected the whole group. The group had developed a common understanding of how this issue impacted on particular individuals. These actions were contrary to humanistic education processes which according to Boud (1987) should be freeing feelings of oppression in favour of promoting freedom through learning. Dewey (1938) pointed out that the right motivation and intentions are crucial for effective learning. For the trainee mentors the need for appropriate approaches and motivation seemed to have been disregarded. Alternatively, if the trainee mentors could consider reflection and reflective practice as empowering and unravel the contentious feelings they were experiencing, reflection could be seen as constructive.

The trainees may then be motivated to change the situation for themselves and for others in line with the thinking of Johns, (1998).

I thought about how the problem could be resolved. Schön (1987) suggests that practitioners work with problems by giving them a name organising the issues to frame them. Initially, it seemed that the trainee mentors were not able to do this. That they were not able to do this may have been because they found themselves in a new situation which imposed uncertainty and which they did not want to be in. The influence of reflection according to Schön (1987) should be to inquire and experiment with potential solutions. In meeting an area of concern and reflecting on its messy context the learner should be able to construct a new professional knowledge (ibid). Field notes generated through observation in class at this time provided evidence that their processes of naming and framing problems did not take on a constructive or reflective approach. It felt that the only mechanism that the trainee mentors had for addressing their problems would be to have a go at me;

You've cancelled our action learning time....what are you going to do about it? (Participant observation in class 15/04/05)

This cancellation had occurred unexpectedly, unbeknown by me but leaving me with the challenge of providing an explanation. I knew that this cancellation had immediately added a further contention for the whole group to overcome. I questioned myself with regard to how I was going to change the situation to support a successful learning outcome. Dealing with this issue gave rise to reflexivity. The trainee mentors considered I had caused the learning time to be cancelled. I was in class in front of them and I was the target. I was blamed and I was the recipient of their anger;

How do you expect us to do all this course with no time for study...? I cannot do all this with out time. Just when you

expect us to do this? I had this time planned in my diary (participant observation in class 15/04/05).

It was clear that this experience had upset the trainee mentors to the point that they felt a lack of consideration towards their learning by the university. It was the equivalent of saying that the university as an academic setting undervalues the value of learning time provided in practice. For me, this was another messy challenge. My perception was that the trainee mentors thought that they were held in low esteem and not worthy of the time spent with them.

Its always the same we have to take on another role without support and any time in which to learn about it. Don't you realise how little time we have to do all this now I am never going to achieve it (Participant observation in class 04/05).

My interpretation of their reaction was that the trainee mentors were feeling devalued. It was an example where continuing professional development could have given further consideration to the trainees. I quickly recognised that the trainee mentors felt deprived of study time. They did not know how to respond to this challenge and felt threatened in their ability to achieve the learning outcomes for the mentor programme. Thinking on my feet as Schön (1983) proposes and learning through praxis (Lather 1991b) I deconstructed the situation into its component parts. I knew I had to do something as stated by Freire (1985);

All educational practice implies a theoretical stance on the educator's part. This stance in turn implies – sometimes more, sometimes less explicitly – an interpretation of man and the world. It could not be otherwise. The process of mans orientation in the world involves not just the association of the sense images, as for animals. It involves, above all, thought-language, that is the possibility of the act of knowing through his praxis, by which man transforms reality...Orientation to the

world so understood places the question of action at the level of critical perception of reality (Freire, 1985:43-44).

This thinking of Friere (1985) pointed out to me that I could not ignore what had occurred and that I needed to act upon it to change the situation and try to gain a more positive outcome for the trainee mentors. I started from the trainee mentors own perception of reality and proceeded to a more exact account (Freire 1987). I provided a rationale for the situation;

...while I understood your concerns it was the previous groups who had caused the problem by their poor attendance but we can talk about a different way to support your learning and an approach that you would like to take (participant observation in class 04/05).

I was influenced by the Freirian perspectives that put forward the notion that reflection generated the ability for me to transform a situation as it did also for the trainee mentors should they chose to act on their thinking. As yet, reflection was not a universally known perspective of the group of trainee mentors for learning about the self. Reflection was not yet readily available to them to enable them to frame problems in order to solve them as described by Schön (1987).

Before the trainee mentors could name and frame a problem through a reflective process they had to confront the meaning of certain words and phrases to do with reflection and reflective practice (Schön 1987). Understanding the use of such words and phrases is part of the process of learning situations (Freire 1987). A lack of understanding was shown by the trainee mentors in my class;

How do I write it? (15/04/05 participant observation in class).

Now its all about the feeling about everything and what evaluation I make what meaning is there in that (15/04/05 participant observation in class).

Learning here was about dealing with uncertainty. Schön (1987) argues that uncertainty may be represented where no model exists or where the situation is unique. In a unique situation, Schön (1987) suggests that this is where reflection in action is able to advance practice. I encouraged the trainee mentors to start to reflect on the actions they were taking, for example:

...start to think about your personal development and what you need to do to achieve the programme to take you forward this represents evaluating your feeling in relation to gaining new knowledge (15/04/05 participant observation in class).

I tried to take their thinking beyond the problems they were experiencing. The trainee mentors needed help to see beyond their present issues, not to feel limited by their own interpretations. I was a facilitator of learning. Rogers (1990) provides examples for the facilitator as able to believe in the learners. I constantly showed my belief in their ability to focus on the activities to be undertaken during the programme. I aimed to motivate the trainee mentors to see their learning outcomes as worthwhile and achievable (Johns, 1998). At the same time I questioned my ability to do this.

The learning outcomes for the role of mentor could not be achieved by applying only to theories but now required reflection upon learning experiences. From the perspective of the trainee mentors, I knew I had to be positive and purposeful in what I said or I would not motivate. I was reflecting and responding in action as praxis and using my tacit or instinctive knowing but uncertain of the outcome. Supporting the trainee mentors to reflect in an active manner could change the experience itself as explained by (Schön 1987). As set out in the literature review, Schön

(1987:31) refers to reflection-in-action as a process delivered while we are unable to say what we are doing. It makes application to any systematic or guided form of analysis difficult and it was difficult for me. Reflection-on-action would enable its description and evaluation as described by Gibb's (1988) reflective cycle but there was not time for that to occur. Needless to say, there was cumulative, negative influence acting upon achieving the outcomes of learning;

I went home and felt a bit flummoxed about everything I thought oh I don't understand this at all and I did find it quite stressful I didn't know how I was going to do it all (Maxine 23/11/05 interview).

Understanding the messy and uncertain perspectives when undertaking reflective practice was difficult for the trainee mentors. This was evident at first for all the participants within the case study especially those who had come here from overseas (Figure 3.8).

The trainee mentors from overseas are qualified, highly skilled and competent practitioners but they lack the contextual, cultural and sub cultural traditional thinking that underlies British nurse education. At first these trainee mentors had no explanatory model or system from which to work, this had to be learnt (Schön 1987). They were still adjusting to the new situations in which they found themselves, as discussed by Jarvis (1987). This lack of insight was expressed by the participants;

...we had heard that we had to do reflection for our Portfolio but I wasn't shown how to do it before I hadn't practised it I hadn't until I explored the mentor module (Diviana 20/08/05 interview).

...Frankly speaking it has been a real struggle for me I was learning it on my own and felt separated from the group...I've got no educational background here that's why it's a real

struggle for me and my colleagues (Jomyra 22/08/05 interview).

Analysis from a cultural perspective of the participants' empirical data reveals only a small focus on cultural difference but a larger focus on the difficulties they faced such as isolation. This response challenged me and my ability to provide explicit information for learning and improve their reflective participation in class. Their past experience of learning had been very different from the situation they were now in.

I was undertaking this study as praxis. In other words I was using my skills to facilitate and find ways of contributing to the knowledge and understanding of the learner mentors as well as problem solving (Lather 1991b). Because I was involved with the group that developed the mentor curriculum group I was also responsible for not recognising the difficulties for the nurses from overseas or integrating a greater understanding of their cultural learning needs. On the next occasion I highlighted this need to the curriculum group. At the same time, I continued to learn through observation of the participants and through what they told me;

...unfortunately I was a new learner of reflective writing so reading into the books they have examples but I did not understand much in the books to be honest its very hard (Khim 08/04/05 interview).

...on my part its extremely difficult because I haven't experienced reflection haven't done it before (Jomyra 22/08/05 interview).

It was hard for the trainee mentors to learn through reflection on experience. No one can teach us how to think, we have to do that ourselves. As Angela stated, all trainee mentors needed to;

...get into reflection (Angela 26/09/05 interview).

When reflection is placed in a different framework from the processes of thinking about every day issues for example, reflecting on the skills required for mentoring, the influence of the negative events (as set out above) still intervened and posed a challenge to reflecting for learning (Rogers 1951). The meaning of the trainee mentors' learning depended on making a connection to experience as Dewey (1938) explains and the experiences so far were not supportive for learning the role of the mentor. If the trainee mentors were to conceptualise and identify professional knowledge for mentoring they first needed to direct their thinking to the learning activities required to achieve the mentor programme. They needed to set out what it was that they were going to teach and explore the ways in which they were going apply their new knowledge to undertake those required learning experiences (Dewey *ibid*).

Glaze's (2002) study supports this argument. In Glaze's study the initial stage of learning is described a 'struggle' and a shock that Glaze terms 'entry shock'. The trainees in Glazes study are entering into learning with a variety of perceptions. Many had been qualified and were working in practice for a long time without having undertaken any recent study. They felt they had difficulties in expressing themselves in written English sufficiently well for an academic study. The trainee mentors in my study have the same concerns. They all have difficulty understanding how to write about the experience of learning when those experiences were undertaken in practice. In Glaze's study, the trainees report their feelings about this as 'threatening' (Glaze *ibid*). I felt this was a different perspective from the other confronting issues such as being sent to undertake the programme which had emerged in my case study. However, learning can be seen as threatening (Rogers 1951) and this threat was expressed within participant data;

...let me say at the beginning I didn't enjoy it it was different I was completely lost I was very nervous of it (Angela 26/09/05 interview).

One nurse participant recognises the advantage to gaining knowledge of reflection before she started the mentor module;

...where it says you should do reflective practice initially, (in the pre course hand book for the mentor module) I think most people that do go on the course should practise it before they start the course (Angela 26/09/05 interview).

In Glaze's (2002) study knowledge of reflection and reflective practice was developed into a separate short course, but this generated resentment at having to do a starter course. This was an approach that I thought should be considered by the curriculum development group but some provision or this was already available through library services.

As the trainee mentors worked through their own areas of contention their self esteem was low. They were not able to recognise their own potential. I needed to encourage them to start to use their skills as Rogers (1951) argues to use initiate and take control over their own CPD. This was both crucial for meeting their self esteem needs as well as meeting the needs of the profession and taking on the role of mentor. Johns (1996) highlights, that a reflective self is liable to emotional struggle. I learnt through observation of the trainee mentors reactions' in class that they needed facilitation of the terms reflection and reflective practice. Through praxis I decided to facilitate a session to support this and provided examples of Johns' (1998) model of structured reflection and Gibbs' (1988) reflective cycle to help them. After delivering the session I recognised that my facilitation had been effective. The trainee mentors had gained insight into how to go about writing their reflective accounts. The trainee mentors had needed a starting point and now they had this as a framework for thinking and writing. From this point their learning seemed to be less messy;

...it was my encounter to go through first time applying it and using it ...so I had the framework then you can do something with a model I have a pattern I have a guide (Mario 11/10/05 interview).

... I think it was learning how to work with a reflective cycle it was like once you had a template in front to you that's what I worked from I worked from what I had and then translated it into my reflection (Angela 26/09/05 interview).

Gradually, I started to see that the trainee mentors were becoming more accepting and getting on with what they had to do and their resistance to learning was reducing (Glaze 2002). Gaining an insight into Johns' (1998) Model and Gibbs (1988) reflective cycle had supported this change yet sorting one approach from another generated a further contradiction to be overcome;

...and the different kinds of reflection ... and your going to pick one and I picked one that I found that was reasonably simple that I could do a few steps and then go through (Annie 29/09/05 interview).

Freire (1987) made me aware that in messy situations such as these the use of language, the words and phrases that we use can hold an influence of power. I realised that for the trainee mentors achieving a successful outcome had now become important. The focus of their concerns was changing. I had facilitated them to view themselves and their abilities from a different perspective and they were empowered. I had enabled them to focus on the requirements of the programme and to think about their teaching and the assessing exercises that they had to undertake. As Schön (1987) points out these activities were confusing situations for the trainee mentors to think through but they were interested. However, until they had undertaken these activities they were

still without a frame for putting meaning to the experience (Schön 1987) and these difficulties continued for some time;

...I think it was learning how to work with a reflective cycle that was hard (Angela 26/09/05 interview).

Freire (1972) and Kolb (1984) suggest that for learning to be effective, the reflective practice that generates learning must be actively processed or transformed to be converted into knowledge. In other words, the trainee mentors needed to focus on the learning activities of teaching and assessing in practice to then be able to reflect on those activities and extract the knowledge gained by undertaking them. For Dewey (1938) such processing is not the same as just thinking about situations to recall the event but is a process of learning from the evaluation. For the learner mentors, it was first to gain the experience then reflect upon this followed by the expression of knowledge as a written description and analysis of learning. It involved using the professional terminology for mentoring that they were learning on the programme. As Dewey (ibid) explained, the construction of accounts of their learning experiences would help the trainees to develop as mentors.

In taking action on my own understanding of the learning needs of the trainee mentors (Lather 1991b) and my participation on the curriculum group enabled me to propose a change here. I was able to show the rationale for implementing a regular teaching session on reflection and reflective practice in the mentor programme. Up to now this seems to have been only briefly incorporated. The session was thus established and grew in importance. As set out by Dewey (1938) this is an example where the principal value of the application of knowledge in the form of teaching for learning was understood in education but had not been fully considered by tutors as essential to apply.

As the programme progressed principles of learning through reflection and reflective practice were becoming clearer to the trainee mentors.

Getting them to think about their future role as a mentor seemed to have been effective although, I recognised that their ability to reflect on their own situations and develop greater critical self awareness was still constrained as discussed by Glaze (2002). Gradually, the trainee mentors self awareness of reflective activity, of how to reflect on the learning experiences, began to have an influence on their learning as demonstrated in the following reflective account;

I intend to use Johns' Model of Structured Reflection to enhance my practice and challenge me to discover more of what is there and take it to a higher level of understanding (Jomyra 22/08/05 reflective account).

I saw in this response self determination. The approach of the course was predominantly through the use of Johns' (1998) model of structured reflection or Gibbs (1988) reflective cycle. The reflective process was thought to involve 'reflection-on-action' (Schön 1987) as recognised by this participant learner mentor;

...when you go out there you reflect but you don't realise you are doing it till you put pen to paper and you realise you are actually doing it all the time...this is what I do in my job anyway (June 03/11/05 interview).

The influences of everyday learning in practice for the trainee mentors were many. Reflection-on-action was considered by Schön (1987) to have an effect on performance. This was now contributing to the trainee mentors' understanding of the learning outcomes (Appendix 1). Reflection from this perspective gives an opportunity for practice knowledge to be applied directly to the situation. The influence of reflective activity undertaken on the learning experiences Schön (1987 & 1983) believes is in relation to the direct experience. I learnt that the difference between what was technical rational knowing and what reflective knowledge was

was very difficult to recognise and this accounted for the challenge to gain discipline specific knowledge.

At this point the participants' empirical data started to indicate that the trainee mentors were beginning to find their way through the messy approach to reflection and reflective practice (Figure 5.1). This was evident. The progress is explained by a conversation with a trainee mentor at the end of class;

...thank you for explaining it (reflection and reflective practice) I won't have problem with it now... I think you explained it quite well I can get on with it now (Maxine 23/11/05 participant observation in class).

However, understanding an explanation of reflection and reflective practice was only the first step. It was indicated by the participants that making sense of reflection and reflective practice processes was essential before they could move any further forward in their learning.

Making sense of reflection and reflective practice

This theme is developed through analysis of the interview data and the participants' written reflective accounts. It is the second layer of learning in the trainee mentors' learning journeys (Figure 5.1). In the literature sense-making is a concept defined by Dervin, (1992). Dervin (1992) described sense-making as a means of filling the gap in understanding between information and the self across a time span. Using this conceptual underpinning helped me interpret how the learner mentors made connections between what was taught and what was learnt (Dewey 1938). It was a starting point but needed foresight, or as described by Johns, (1998), a vision or a wider perception of what practice as a mentor is all about.

Sense making links experience and knowledge. Drawing on past experience was a recurring theme within the literature (Boud et al. 1985;

Kolb 1984) and represents describing the experience and then working through attitudes and emotions. Through undertaking a reflection of their previous understanding of the concepts of mentoring the trainee mentors would be enabled to come to a conclusion about their learning. In other words, the trainee mentors were able to link their prior thinking to the new knowledge gained during the mentor programme (Boud et al. 1985). Reflecting on previous experience accentuates reflective practice. This thinking process links the acquired influences of social and political power (Goodman 1984) to the here and now through reflection. I do not disagree with this. Reflection for learning is a highly complex cognitive activity through which to make sense of experiences.

Making sense of reflection was not always helped or influenced by reading the written examples of other writers. Reflective practice examples provided by Johns, (1998) seemed to be especially difficult to grasp,

... Reading into Johns' book... they have examples I did not understand them much to be honest it was very hard (Jomyra 22/08/05 interview).

Over time this trainee mentor made a good attempt at working with Johns' model. Taking time to make sense of a situation changed and influenced his thinking in line with the suggestions made by Dervin, (1992). His evidence shows that trying to make sense of how to write reflectively influenced feelings and self-awareness. This is further described by another participant who had recently come here from overseas;

... the reflection here is more how you feel. The essay we are writing back home is more how we see things ...now it's how you feel about everything throughout the things that you are doing (Davina 20/08/05 interview).

Importantly this participant also recognised the value of including a feeling component as part of the reflective process;

...its more its more satisfying because it exposes how we feel as well its not just that I write things that we see or anything the teacher wanted us to do (Davina 20/08/05 interview).

A new and different process of reflective practice had to be constructed in order to meet the learning outcomes for the role of mentor. As Schön, (1987) argues, a new construction reflection and reflective practice would enable the trainee mentor to explain and make sense of new understanding.

I thought about questioning as a part of the sense-making process. Dervin, (1992) suggests that gaps in understanding when reflected upon over a period of time generate questions about what was being learnt and may promote sense making. This is indicated by this participant in explaining to me how she questioned a student nurse;

... what do you think of this? How do you feel about that? So what's your feeling? So if I do this what do you think will happen? So what if we don't do those things? (Referring to nursing care procedures) All are elements of thinking and reflections are there and in the hand over (Mario 11/10/05 interview).

Questioning is used here to support the development of thinking when supporting a student nurse. The trainee mentor is promoting the role of questioning as part of the activity of learning itself. Continuity is also represented here as discussed by Dewey (1938). Continuity is shown in this participants' ability as trainee mentor to take one point forward from the previous point, making connections between the student learner and what is learnt. Through questioning practice and generating reflection, when working together in the clinical environment, the trainee mentor

directed the student to make an analysis. The trainee mentor recognised that questioning linked one point with another through interaction with the student and this process was then recounted to me. The interaction was interpreted by the trainee mentor in a reflective activity. As pointed out by Dervin, (1992) without interaction with other people, there is no reaction or response through which to learn. The evidence is that sense-making from this perspective may be generated by being interactive within the context of the activity. The outcome of the reflection upon the activity becomes the acquisition of knowledge gained overtime (Dervin, *ibid*).

The literature on cognitive learning theory represented by Ausubel et al. (1978) indicates that in working through levels of reflection trainee mentors would be more able to make sense and assimilate their learning as meaningful. This was especially so in relation to recognising the events occurred within the context of their learning experiences. In this way the trainee mentors need to link theory to practice and generate written accounts for reflective practice.

In the light of this discussion, the difficulty that the participants had in making sense from the examples provided by Johns, (1998) can now be explained. The difficulty was in understanding the examples. This represents a gap in the nurses' interpersonal involvement in the scenarios referred to by Johns, (*ibid*). The trainee mentors were reading an account that had been created from the personal sense of value that Johns had given them and they were not involved in those scenarios. This lack of involvement accounts for the difficulty in learning from such written examples. It also generates the recognition of reflection as a construction from within the context of a situation as this participant explains;

...a lot of problem solving is through reflection and to handle them and how to handle them is through reflection (Khim 08/04/05 interview).

At the end stage of the learner mentors' learning journey, when the interviews were undertaken I realised that the concept of reflection and sense making as described by Dervin, (1992) were still emerging. The trainee mentors had participated in a facilitated session and had gained insight into the terms of reflection and reflective practice. Reflection and reflective practice were now recognised as tools for learning, (see page 94-95 *Angela 26/09/05 reflective account*).

However, Johns' (1998) had underestimated how hard it was to understand his model and what it means to reflect further than providing reflective scenarios. In class when I asked the trainee mentors about the ways they know in nursing as the structure of nursing knowledge I expected them to put forward the concepts, described by Carper (1978) that form the basis of Johns model as; empirical, aesthetic or as the art and science of nursing, personal knowing or ethics or moral knowing in nursing. I was firmly told; *we make it up*. I had found out the trainee mentors were not able to recognise the underpinning theory, as explained by this participant;

...Johns model it is very in depth and also referenced to old reflection bits even though its strange... its too complex for me ... just to give me an idea what's aesthetical all about what is empirical all about...you had to go and read that up basically reading the book is not helping (Jomyra 22/08/05 interview).

I realise how hard this participant worked to understand the concepts within Johns' model but it appeared too complex to be used. The model also appears to be repetitive in its application. This generated a further contradiction for this participant to make sense of;

Johns is giving us cue questions but I found them all the same its just like answering the same question over again...its repetitive (Jomyra 22/08/05 interview).

The participants' data indicates that the terms of reflection and reflective practice that they use are different from those in the literature. My participants use terms they could interpret such as;

Looking back and going back, looking forward and looking at.

Rarely were the terms 'reflections-in-action' or 'reflection-on-action' (Schön, 1987:26) used. This is to be expected as they had only recently been introduced to the terms. The trainee mentors found it hard to make sense of the terms. The literature suggests that 'looking back' is difficult to make sense of according to Argyris and Schön (1974). 'Looking back' is a skill. Looking back helps to develop an understanding of practice as a theory of action in relation to the persons espoused values. Espoused values are built on and influenced through experience. Through looking back, the reflective approaches that the trainee mentors voiced from past experiences should enable them to understand what is occurring now.

Understanding the concept for making sense of reflection and reflective practice, takes time according to Dervin, (1992). Conditions for learning in practice are variable, complicated by shift work and night duty. Some trainee mentors were well supported by their own mentors as demonstrated in written reflective accounts below;

Following my teaching session I had a detailed conversation with my mentor offering opportunities for reflection, advising me, being an effective role model, recognising my strengths and offering constructive feedback (Linda 03/11/09 reflective account).

My mentor thought I acted as a professional and that I taught the subject at a good standard, she gave me guidance for further teaching (Heather 03/11/05 reflective account).

I have learnt a lot from the feedback from my mentor it was enriching and an enjoyable experience (Jomyra 22/08/09 reflective account).

The trainee mentors who were not supported felt that they lost out on interactive discussion. It is possible that they lost out on experience of making sense of the issues;

I delivered a comprehensive teaching session and I was pleased with it but received no feedback from my mentor and I felt I had lost out in terms of my development (Angela 26/09/05 reflective account).

While, the trainee mentors who were not well supported by their mentor seemed to develop their understanding for the role of mentor at a similar pace, the opportunity to discuss and or reflect upon the issues were also lost. However, their learning did not stop because of this and following processes of making sense of their learning on their learning journey (Figure 5.1) the participant's empirical data indicate that the next sequential layer of learning was to test their learning in practice. This process of testing learning occurred when trainee mentors were undertaking activities and learning how to teach and how to assess student nurses.

Testing learning through reflection and reflective practice

This theme is generated through the participants' interview data and written reflective accounts. The theme represents the way in which the trainee mentors test, check or try out their learning in the context of practice as the third layer of learning on the trainee mentors' learning journeys (Figure 5.1). As the trainee mentors constructed their understanding they indicated a more systematic and methodological learning process than at the start of the programme. Testing learning is described in the following excerpt from one participant's written reflective account;

During our chat I asked her to describe what had happened. I was using the cycle of reflection for this. Using my observation of the situation I talked to her about her shouting at the other members of staff...we devised an action plan to address this... I made her aware of her lack of experience and talking through helped her deal with it better (Angela 26/09/05 reflective account).

This trainee mentor was testing her own learning using Gibbs' (1988) reflective cycle to support the student nurse who had reacted badly in a situation that was frightening to her. It was the first time the trainee mentor had used reflection as a verbal learning tool. She had commenced with gaining a description of the event from the student followed by addressing the student feelings, and making an action plan for further development. The evidence is that through reflection of her tacit knowledge the trainee mentor constructed a different approach to problem solving that generated professional knowledge for the student (Polanyi 1967 in Schön 1987). At the same time the trainee mentor was able to see new perspectives of her own ability. The result was a reflective discussion to support understanding and development for both the student and the trainee mentor.

It is clear in the account that reflective practice had a direct influence on learning both for the trainee mentor and the student. The trainee mentor took advice from a qualified mentor in managing this situation;

I discussed the situation with my mentor and she suggested that I talk to the student myself. It was supervision (Angela 26/09/05 reflective account).

The trainee mentor was using reflection as she enabled the student nurse to talk through her feelings. At the same time the trainee mentor progressively tested her own ability to support the student to understand

her behaviour and to manage her emotional responses for the future. This is an example of effective mentoring that recognises the context, what is achievable and what is not as the trainee mentor continues to explain;

I used a ...cycle to give constructive criticism you should do this even when you have to turn a negative into a positive. You should never make someone feel worthless or stupid. You are aiming to motivate and educate at all times, you can always build on constructive criticism (Angela 26/09/05 reflective account).

As highlighted in the literature, knowledge constructed through practice is undervalued (Schön 1987). Originally, delivery of the mentor programme was based on the assumption by Pope and Strutt (2001) that knowledge gained through practice enables the transfer of theory to practice. However, as Rogers (1951) argues, what is taught is not always learnt. This trainee mentor shows what she had learnt from a practice experience supported by what she learnt from theory regarding the principles of both mentoring and reflection-on-practice. She learnt from practice in that she applied her understanding of both to support the student. The trainee mentor goes on to evaluate her approach to the student in relation to being able to give her constructive feedback through the use of the reflective cycle. In her reflective account the trainee expressed how much she had learnt and said that she found herself 'tested' through reflective learning;

I was quite nervous talking to her and went back to discuss this with my mentor and got some feedback from her... it tested my ability to reflect. The good part about student mentor supervision is... it gave me the opportunity to help her and reassure her knowing that the incident had left her upset (Angela 26/09/05 reflective account).

Gibbs' (1988) reflective cycle guided this particular trainee mentor in a unique situation as she explains,

...it taught me so much that I had never really thought about before... I now have a better understanding of reflective practice (Angela 26/09/05 interview).

When I interviewed this trainee mentor I asked her to explain her understanding of reflective practice;

Question: *Did reflective practice help you learn?*

Answer: *Yes it did very much so (Angela 26/09/05 interview).*

Question: *so can you tell me how it helped you?*

Answer: *I think it makes you more aware it makes you question yourself and I think it is reflection back on your self and your actions , it makes you look at the overall picture your not in a tunnel vision but open to the wider picture (Angela 26/09/05 interview).*

This trainee mentor felt that using reflective practice had increased her awareness of how others learn. The trainee mentors' actions and how she viewed reflective practice shows a relationship between her experience and her knowledge, as described by Dewey (1938). I recognised that when trainee mentors try out their skills the relationship between theory and practice occurred in a variety of ways. When practising their skills, the situation became purposeful and meaningful. Reflection on such activities progressively helped to increase understanding of the expectation for the role of mentor;

...em it made me look at ways that you know you can change things and things like that (June 03/11/05 interview).

I asked; *can you expand on that?*

Looking back on my teaching session I was quite prepared for everything except I forgot one piece of paper I forgot the handout it made me think of how prepared you have to be and if you come across just one thing... one mistake it could throw it all out... it was OK and I learned from it (June 03/11/05 interview).

The indication is that trying out skills for teaching when in a practice setting was helping the trainee mentors to recognise what was involved in teaching and learning and what they needed to do to promote learning in others. It was trial and error learning. Acting on the concepts of learning can advance the effectiveness of reflection and reflective practice hence learning becomes active. The following except shows how the trainee mentor recognises the potential of learning from practice for the student and for herself in practising her teaching skills;

I discussed with the student if she had seen sutures being removed...After teaching the procedure, I asked if she had any questions. I asked her to set up the trolley for the next patient. The student completed the task and I took some time to discuss how she got on (Maxine 23/11/05 reflective account).

This trainee mentor took some time with the student asking questions, supporting her learning and getting the student to reflect. Trying out and practising teaching and learning is important in giving a trainee mentor the feeling for teaching, what may go wrong and what represents a learning opportunity for the student nurse. Reflection on the practice of the activities by the trainee mentors was driving action to solve problems and manage learning in complex situations;

The student was with me I used debriefing as well as part of the teaching and support. Every time I asked him to accomplish a task I found time to ask him to share what he understands by the experience. Clinical teaching prepares learners to integrate their previous knowledge and translate theory into practice (Annie 29/09/05 reflective account).

The trainee mentor is clearly recognising her learning in relation to teaching others and is able to reflect on this process. Reflection was influencing the trainee mentors' ability for critical thinking, tacit knowledge as well as experiential activity as explained by Kolb (1984). The reflection is based on practice activities and how the trainee mentor worked with the student to promote learning. While the level of knowledge, experience, attitudes and competence vary from one trainee mentor to another, the differences will influence the effectiveness of integrating learning for the student nurse;

...while I was doing my drug round I subjected myself scrutinised by my student in what I was doing and opened myself to be challenged. I allowed her to ask questions. I opened up and asked her questions ...I was testing her to draw conclusions from the questions (Mario 11/10/05 reflective account).

By allowing himself to be observed during the drug round this trainee mentor was also testing his own ability to be in a position where he may be challenged. From this perspective the situation is experiential. The trainee mentor did not know what to expect by doing this but had a hypothetical idea that this may promote learning for the student. He felt he had 'opened' himself up to see how the student would respond. He used his already acquired knowledge as a nurse and as a developing mentor to encourage the student to ask questions. Hence, reflective practice was recognised by the trainee mentor to include the learner's knowledge as well as their feelings. Goodman (1984) recognises this as

inclusive of broader social activities that influence reflection. This point is further evidenced by three other participants;

I asked; do you think that reflection has widened your knowledge helped you to see things from a wider social perspective?

...I think you know sort of internally and when you have a little experience its easier to sort of recognise that there are different cultures that you have to respond to. I think you just reflect you know... think from a wider perspective (Annie 29/09/05 interview).

Because of our profession we do look at everyone and you are looking at the whole person and the whole situation and this made me look at the student differently as well as thinking this is my role now what would I want to be taught (June 03/11/05 interview)

I think reflection has helped me it has actually taught me to talk to them and it helped me to empathise with them and their problems (Heather 03/11/05 interview)

The trainee mentors also recognised that reflection helped them to check on the well being of the student as reflection-in-action. Reflection-in-action (Schön 1987:26) was clearly being seen by the trainee mentors as a tool for trying out learning situations using their new knowledge and understanding for the role of mentor in practice. This was not only from a cognitive perspective but also as a process for selecting the knowledge suitable for each student. At first this is as an experiential process (Kolb 1984) as they did not know what to expect. For example, the trainee mentors had been taught in class that it was necessary to question the student with regard to their level of their training. This would help the trainee mentor to focus teaching of the student at an appropriate level;

... I am making sure things go well working close with the student ...I think about what I am going to teach them that suits what they need to know and getting me thinking why am I actually doing that procedure in that way and then trying something else (Anita 07/11/05 interview).

This trainee mentor is reflecting on her practice and demonstrating that if one approach does not work she would try another. This thinking is supported in the same participant's reflective account;

There is recognition for the learning that arises from both the formal education programmes and informal learning as from our experience on the wards in practice as it is important to recognise the self experience and self discovery are also part of learning (Anita 07/11/05 interview).

Here, the trainee mentor is reflecting that, through both formal and informal learning, and learning from experience, learning is about the self whilst supporting a student. Here, reflective learning seems to bring dimensions of learning together. By that I mean, through a process of being involved and testing learning, trainee mentors were able to recognise that they could make changes. Through reflection, and knowing that they could try out different approaches, as they were doing as part of the mentor programme, the trainees were learning how to bring about the development of the student from a contextual and practice perspective.

The reflective process within this layer of learning (Figure 5.1) shown by these participants indicates to me the power and influence of reflective learning. Reflective learning seems to enable the participant to consider finer points in relation to students such as considering how they are feeling and at the same time trying out different approaches to see which the students respond to. This cognitive activity represents reflection-on-

action. Reflection-on-action (Schön 1987:25) has the potential to change the view the trainee mentor has of themselves but also helps them recognise a need for a change of approach. It is the activity undertaken in the practice setting that is producing the trainee mentors' understanding of the role of the mentor (Lather 1991a). This point is shown by the following participants as they reflected on their early learning attempts at teaching a student nurse in practice. This participant recognises where when giving praise would have helped the student and how, at first, there seemed to be so many things to think about when teaching;

...I feel the handout was appropriate and assisted the student learning in hindsight having had a go at this now I feel praising the student would have increased her confidence and self esteem I feel I overlooked this as I was too concerned with my mind occupied with the progress of the session and my next move... (Linda 03/11/05 reflective account).

This participant showed how she had made an assumption prior to starting the teaching session;

I did a teaching session on pain management defining pain and the use of patient controlled analgesia. In the practical part I could have taken a different approach I expected the student to be able to set up the syringe driver without me having to show her so that bit did not go so well (Anita 07/11/05 reflective account).

This same participant is reflecting on her actions learning from these to enable her to try a different approach next time;

I didn't make any negative comments but the practicalities of using such a machine could have been a session on its own next time I will do two sessions (Anita 07/11/05 reflective account).

The following participant learnt from the assumption she had made and discovered how important the environment was to learning;

I planned a teaching session on preparing a gastroscope for use... the teaching plan was good as it enabled me to go through the teaching session in order. I asked my student what she knew about the gastroscope and suddenly realised that this would be too advanced for her...and it was too cold to stay in the room (Angela 26/09/05 reflective account).

The participant trainee mentors were showing, through reflection on teaching activities, how they were learning to understand learning from the student perspective and trying different approaches to support their student. The trainee mentors indicated through reflection-on-action where they could further develop their teaching sessions. They were also showing where greater consideration was needed in assessing the student's prior knowledge, level of learning as well as the environment. These are examples where the trainee mentors are testing and trying out their abilities. This is experiential process within the mentor curriculum. When undertaking new experiences the trainee mentors were not quite sure what to expect. They were learning and making adjustments as they explored their ideas experientially (Kolb 1984). Their learning was helped by the support from their mentor in practice and by using learning theories that they were taught in class. The participants' data shows that trying out their abilities and learning from a range of different perspectives takes learning to a deeper level of reflection. This process of testing their learning and abilities for teaching in practice took the trainee mentors forward to their next layer of learning to clarify their understanding.

Clarifying learning through reflection and reflective practice

This theme stems from the trainee learners' interview data, written reflective accounts and observation notes. The theme is the fourth on the trainee mentors' learning journeys (Figure 5.1), and represents the

thinking of the trainee mentors as they gained a clearer understanding of the teaching and assessing activities through the use of reflection and reflective practice. Gaining clarity is about the trainee mentors gaining understanding from their learning and linking reflection to actions for teaching and assessing and to their interaction with the student nurses. The evidence below illustrates that this category includes aspects of role transition or the progress the trainee mentors are making towards becoming a mentor. The trainee mentors are developing a number of attributes represented in the literature including; respect, knowledge, good communication and being able to challenge themselves (Alvardo et al. 2003; Goran 2001; Gray and Smith 2000; Darling 1984) in relation to the role of the mentor.

Van Manen (1977) suggests that gaining a clearer understanding is a learning is a process undertaken through exploration of a problem and then acting to clarify assumptions and weaknesses. Reflection, on its own, is not sufficient to solve problems. My interpretation is that problems need a critical reflection in order to raise awareness of issues and challenge assumptions. Just observing is not sufficient, the trainee mentors needed to reflect on their behaviours and the behaviours of the student nurses they were supporting to generate a change;

Reflection had given me the chance to change and to provide the rationale for my practice. I have to do research to clarify my thoughts and actions (Annie 29/09/05 reflective account).

This trainee mentor considers that she needed to undertake further exploration into situations to clarify her thoughts and actions. Undertaking a deeper level of clarification of learning may be important for the trainee mentor to enable her establish understanding from the teaching and assessing situations that they were undertaking. Mentors assess the proficiency of their student nurses and the trainee mentors had to understand how to do this. Reflective activity for learning increased as the programme progressed. Communication in the form of questioning the

knowledge of the student may help the trainee mentor to gain a clearer view of the students' ability and skill (Van Manen 1977). This is demonstrated in the following reflective account;

... was being assessed regarding her knowledge of effective hand washing I gave feedback to her following the discussion of her answers to the questions and then following the practical skills assessment, I gave specific feedback in order to target areas needed for improvement (Linda 03/11//05 reflective account).

The trainee mentor responds to the student nurses' questions and provides feedback for specific areas of learning making it clear where she needed to improve. Each action undertaken in the process of clarification is said to relate to a value system that directs the way the trainee mentor works in completing the activity (Van Manen 1977). That some activities undertaken in practice can be complex, and are not always undertaken in conditions conducive to learning highlights the need for an appropriate approach to assessment. It is important to involve the student in the planning so he or she is aware of being assessed. The student should understand how the assessment will be carried out and the skills they are expected to demonstrate. Gaining a clear understanding of this process is a challenge for the trainee mentors and integral to the assessment process.

Gaining a clear understanding of student prior learning is also integral to the teaching process. Only through gaining understanding of the students' knowledge can a trainee mentor gain an accurate picture of the student's developing skill and knowledge. This involves teaching as well as assessment and was understood by the trainee mentor as shown in this account;

When I came to the physiology of diabetes then I was getting more in depth by asking; how does it happen? Why does it

happen? What do you expect to see in that person? (Mario 11/10/05 reflective account).

Scrutiny of this participants' data indicates that finding the best ways to promote the students learning was part of the trainee mentors' professional values (Van Manen 1977). These trainee mentors recognised that they were in a similar situation to the student nurses they were supporting;

On my student's first day I explained that I was also a student and that I was currently studying to be a qualified mentor...I felt that by telling my student that I was also a student helped to build our relationship as she then knew I was able to empathise with her when it came to work and full time study (Heather 03/11/05 reflective account).

Allowing my self to be observed (by a qualified mentor) and be challenged again allowed the student to think and be attentive. Even I myself was also reflecting while being observed: What sort of questions do I need to ask her? What have I learnt from this experience? (Mario 11/10/05 reflective account).

As I deconstructed the observed relationship in practice I could understand that the students were more at ease in sharing their concerns to a trainee mentor. Both were in a learning situation and this could be seen to represent an equal power relation. They were supportive of each others' learning needs. In this way the trainee mentors were more able to gain an understanding of the students' abilities and to facilitate their learning as this participant shows;

My student came to nursing with a degree completely unrelated to nursing I wrongly assumed that she would find the theory side of nursing easy but I was later to discover she

was struggling... I fortunately recognised my mistake and rectified it... I offered specific learning opportunities (Maxine 23/11/09 reflective account).

It was not only the knowledge gained from reflection-on-action (Schön 1987:26) that was valued here. An insight was gained by the trainee mentor in directing action and ensuring that learning opportunities were made clear to the student. In trying out ways to clarify their own learning and exploring how to challenge the student, reflection became an integral exploratory process for the trainee mentors (Burnard 2002) as demonstrated by this participant:

I use reflection with my student during handover with some discussion... I would ask her well how do you do this? How do you feel about this and challenge her, what if I do this what do you think will happen? So what if we don't do those things these are the elements of reflection? (Mario 11/10/05 interview).

By questioning the student nurse the trainee mentor is exploring the students' knowledge and clarifying decisions that he makes. The trainee mentor was learning that reflecting on events enabled ability to question and provides an explanation. This learning stemmed from the trainee mentors' developing knowledge and professional values for the role of mentor. This is further explained by a participant;

I introduced myself and asked her questions to find out where she is in her training... She claimed to be a little anxious. I reassured her that was completely normal I also explored from my student what her expectation from a mentor was as beginners feel more secure if their practice can be guided by structure... (Davina 20/08/05 reflective account).

Facilitating the learning of the student nurses was now developing as a characteristic of the trainee mentors' understanding of their role. This is demonstrated above and by the following participants;

While on ... ward I was mentoring my student and I was asked to remove some clips, I thought this would be a good opportunity to facilitate her learning (Maxine 23/11/09 reflective accounts).

Facilitation is a process in which the practitioner enables the student to experience and learn. It involves working with the student to identify their learning needs and how they are going to meet them. I aimed to focus my teaching on what the student wanted to learn and her preferred way of learning (Penny 15/11/05 reflective account).

Facilitating students with desired behaviour like being friendly and being receptive to their enquiries for learning and help them to explore their experiences demonstrated a good supervisory relationship that would make learning effective and thus help them to achieve their learning outcomes (Khim 08/04/05 reflective account).

It was important for me that the trainee mentors were developing good relationships for learning and that these were emerging from knowledge gained they gained from the programme. Managing the learning environment was also representative of the trainee mentors' understanding;

In order for learning to take place the area has to be managed by a leader who is in touch with the need and abilities of students and others and who is able to create an atmosphere that is good for learning... conducive to meet the educational needs of the student (Davina 20/08/05 reflective account).

I have learnt of the importance of supporting and encouraging the student especially on their first few days in practice because, from this relationship, and learning environment, learning opportunities are developed (Heather 03/11/05 reflective account).

Learning to understand what constitutes a good learning environment was achieved from a different perspective for one participant;

Talking to the student it appeared upon reflection that she had had a bad first experience with a mentor. She explained how she felt a burden. After spending time with the student she informed me she felt happier but just wished that the mentor had explained the situation to her at the time and had been a bit friendlier (June 03/11/05 reflective account).

The characteristics of the role of the mentor are developing as the trainee mentors worked through the study days to meet the learning outcomes for the mentor programme. In the literature there is little agreement on what the role of the mentor should include with regard to nurturing or the assessing role. However, deconstruction of observations indicated that a common understanding of the role of mentor was developing among the group. I recognised that the trainee mentors saw each other as being in the same situation. All trainee mentors were required to undertake learning activities in practice in their own work environments. The supporting network of trainee mentor, student nurse and qualified mentor was successful in most cases. This was described by a trainee mentor participant;

I think doing the mentor programme has taught me, as I said, to sit down and have the conversations with the students, clarify and find out according to the actual guidelines the formative and summative assessment and what they need to do (Heather 03/11/05 interview).

The development of a common understanding by the trainee mentors about learning was important because it supported opportunities to clarify student nurses' progress through discussing the activities with each other. Their relationship of supporting each others learning was also helpful in shaping their individual development. Such developments did not only occur in the practice situation but through interactions that took place in more relaxed environments such as the coffee room and other meeting places. Goffman (1959) termed these areas as 'back regions' were I was witness on more than one occasion;

I was sitting in the coffee room... we had a discussion about the advantages of planning an assessment and developing an assessment tool to reduce the need to take loads of notes and take her attention away from what was happening (12/04/05 field note).

A learner mentor took me by the arm and took me towards the kitchen. She said she needed to talk to me about a student that she had just seen talking with a bit of a don't care attitude to a patient. I asked her what she had said in reacting to that. She said she didn't know if she could say anything. I told her that she could say something and it was important that she did (01/05/05 field note).

I was in the rest room when I had a conversation with a learner mentor about a student nurse's poor attendance. She said that she was concerned that the student had arranged a load of visits and short placements but that she thought she was skiving (02/05/04 field note).

I had felt that the trainee mentors needed to gain in confidence and gain a greater sense of their own authority. For example, they needed to ensure the student understood their limitations and should attend as expected. I

took this identified need for mentor development to the curriculum group. Later a session on leadership was developed within the timetable where these issues could be addressed.

I observed that after the trainee mentors had started to undertake their teaching and assessing session as mentoring activities in practice, and reflect upon these occasions that they started to see what could be achieved through working closely with the student nurse. For example, undertaking an activity in practice with a student nurse such as a simple wound dressing directed the trainee mentor to reflect on the actions of the student and ask questions regarding their understanding. This approach seemed effective in promoting learning for the student. According to Boud et al. (1993) for the student nurse to lack understanding when questioned in this type of learning is superficial or of less importance. However, that would depend on the depth of reflective questioning that took place. My participants were showing that they were gaining in confidence regarding reflection;

...the more I reflect the more I can do it ...the easier it got'
(Annie 29/09/05 interview).

Consequently, as the trainee mentors became more self assured they demonstrated evaluation and re-evaluation of their experiences as explained by Boud and Walker (1998). The trainee mentors were more accepting of the professional values within mentoring. They were more accepting of their changing values in gaining clarity for learning;

... but I think you put more of your self into reflective practice and I think it does help and it has increased learning because... I can find the words as a mentor (Heather 03/11/05 interview).

Through reflecting on the activities the trainee mentor was able to communicate to the student in an appropriate manner. Boyd and Fales (1983) consider this aspect of self in their definition of reflection as being;

...the process of creating and clarifying the meaning of experiences in terms of self in relation to both self and world. The outcome of the process is a changed conceptual perspective (Boyd and Fales, 1983:101).

This changing conceptual perspective on the part of the person reflecting represents the way in which the trainee mentors may achieve the learning outcomes for the programme. According to Street (1992; 16) this may develop in relation to our 'chosen value system' and the way in which we understand practice. This is important as without such understanding and self worth the trainee mentor may not be able to function with any level of authority in the role of mentor.

Being clear about what is going on in learning situations is an important characteristic of experiential learning (Kolb, 1984). This is in relation to gaining personal meaning. As Kolb's theory of experiential learning proposes, learning is an on going process grounded in our experiences. Experiential learning is referred to as addressing not only the cognitive but also emotional needs that move our conceptions forward to those that hold a personal meaning (Kolb *ibid*). This indicates that the trainee mentors were learning through clarifying their situation for themselves as they took on the role as mentor.

Within this layer of learning, clarification of actions through reflection and reflective practice increased the confidence of the trainee mentor to trust their own judgement. Through the reflective approach the learner mentors were influencing the achievement of the learning outcomes (Burnard 2002). The way in which they were achieving this was through reflection-on-action while undertaking teaching activities as well as

reflecting on their own learning. The trainee mentors' interview data then indicated that they needed to confirm their learning.

Confirming learning through reflection and reflective practice

This theme of learning originates from the participants' interview data and written reflective accounts of learning. The trainee mentors wanted to be confident about what they were learning within this layer of learning (Figure 5.1). A new situation calls for a new approach (Schön 1983) and confirming learning is a complex reflective activity. Assessments of the student nurse activities undertaken by the learner mentors are directed by the policy or evidence base procedure or guidelines for the particular task being assessed.

The way in which the trainee mentors responded to this demand to confirm learning for the student was indicated by the following participant;

I asked her (the student) about her year (of placement learning) what she is interested in to do in practice. So I started to discuss with her and what are her learning outcomes and plans in mind what does she want to achieve...(Jomyra 22/08/05 reflective account).

The participants' show the extent to which they may go to confirm understanding of the student. It also shows how they aim for an individual approach to student support. In contrast, the following conversation with a trainee mentor recognises that on occasion conflicts existed in supporting students. However, he needed to be sure that he was giving the kind of support required by the student;

I was supporting student back home ... students in the hospital where I used to work ... but the education is different from here I can't understand how the students learn...

I asked; 'how do you learn best?

Answer; practical learning experiences

I continued; but still you needed some structure some knowledge to gain knowledge?

Answer; that's right yes - I'm going to ask the student if she has got experience of giving sub cut injection ask her what she is going to do before we reach the patient just making sure... if you are a student you might em panic in front of the patient you loose confidence.

I continued; 'so when you are with a student and the patient is there is their verbal communication action and gesture between you?

Answer; yes... as long as the student explained some knowledge not perfect but you know to make sure she is doing the right thing it will be all right as long as I am there when she is doing the procedure ...yeh

Question; so you are working your student though actions and examples and the student is learning?

Answer; so....yes that's right she is (Jomyra 22/08/05 interview).

What is important here is that the conversation provides the trainee mentor with a feeling for what it is like to learn in practice. This nurse already knew the answer to his question but had not been able to make the link with what the student had set out to learn.

Learning here is through the influence of finding the appropriate way in which to confirm knowledge. This is not always easy. Later, I had the

privileged opportunity to observe the same participant facilitating a student nurse's learning. I witnessed the cheerful checking, questioning and interaction between them. His approach developed a sense of security and provided a safe learning environment for the student to test and then confirm her own learning as I observed when standing by the side of the treatment room door. The trainee mentor asked the student nurse if she wished to learn to check and administer a subcutaneous injection of insulin to which she agreed;

The trainee mentor first checked the student's knowledge and understanding. The student did not know about the different types of insulin and the trainee mentor explained the type of insulin the patient was receiving... The student talked through each aspect, while the trainee mentor carefully listened and confirmed each part of the process as correct (02/05/05 observation note).

The trainee mentors are constantly confirming understanding of the students' knowledge through giving and seeking feedback;

My student nurse with whom I did an assessment recently was very happy to receive new ideas on certain ways to approach a problem...reliable and valid new techniques were welcome (Khim 08/04/05 interview).

...it is important as a mentor that I give the student regular feedback by giving feedback it enables the student to know and confirm to them their level of progress and gain an understanding of what level they are at. I gave her regular feedback (Heather 03/11/05 reflective account).

Feedback here influenced the self confidence of the student nurse. Confirmation of learning is also a further and an important process to develop the confidence of the trainee mentors, as explained this to me;

We had an arrest situation and a young chap died. After, we had a reflective session, I asked each one how they felt and coordinated it and used reflective practice in that session... I think if I hadn't done the mentor programme I would not have used it like that (Maxine 23/11/05 interview).

This excerpt represents a self-reinforcing cycle of action and learning termed, double-loop learning according to Ashby (1952) in Argyris & Schon (1974). Double-loop learning is learning generated by concerns that surface from the context of events and a desire for understanding not suppression (Argyris and Schön 1974). It is representative of a change in the ability of the trainee mentor which was generated through her use of reflection;

A patient had a head injury and was confused. It was decided by the staff to nurse him on the floor temporarily so as to prevent falls... it continued for some time. The nurses had to lift him up from the floor to sit in a chair for meals. I felt this was a health and safety concern... I took it upon myself to address this issue... fill in an incident form ...this indicated the need for a special carer to stay with the patient rather than nursing him on the floor (Penny 15/11/05 reflective account).

Johns (1998) suggested the potential to change nursing practice through reflection should be the justification of the value of reflective practice. Learning is about an intimate relationship between a person's knowledge and their understanding (Dewey 1933). At first, acting as role model, being observed by the students caused the learner mentors to express feelings of nervousness, anxiety and feeling self-consciousness (Bandura 1977), as described by this participant;

I was extremely nervous and anxious before the teaching session began because I was being watched even though I

had completed this task many times. As the session continued my nerves began to relax and I started to enjoy teaching my student and my confidence began to grow.

(Heather 03/11/05 reflective account)

My student said to me; 'I hope I will be a confident nurse like you are'...this showed me that she was looking at me as a role model which was what I was trying hard to achieve

(Heather 03/11/05 reflective account).

Student nurses work alongside and observe the actions and the interactions of the mentor. The accountability of the mentor is recognised by this participant;

The effect of role modelling should not be underrated. Greater awareness of the power of conveying skills and knowledge may serve as a basis for qualified nurse and to a greater degree to mentors to carefully scrutinize our own practice so as to prevent student nurses from imitating and observing incorrect practice (Davina 20/08/05 reflective account).

This participant had become aware of being observed this implied that she needed to be certain of her own practice and her attitude to practice. Some students will need more support than others and the role of the mentor incorporates a nurturing attitude that is accepting as shown by this participant;

In situations the student was encouraged to reflect on every experience and use it as a way of introducing learning by herself but when she gets stuck on something difficult to understand I would be around to help her out (Davina 20/08/05 reflective account).

Later, following an incident on the ward, this trainee mentor continues to show how she nurtures the student;

I asked the student how she felt during and after the event. As a trainee mentor I felt that I needed to explore her feelings as such a situation could create a psychological impact on her learning.. I suggested that my student should reflect on the experience and by so doing enhance her knowledge for future practice (Davina 20/08/05 reflective account).

Trainee mentors were confirming the effect they were having on situations where learning opportunities were created. A commitment to enhancing learning opportunities and an awareness of the learners needs greatly increases the effectiveness of the learning process. Knowledge developed within the culture and practice of nursing is always changing. Trainee mentors may have been more engaged with students' learning outcomes if they had been able to construct them themselves from within their knowledge of practice. Their contribution would be clearly identified. Trainee mentors had to work from their interpretation of the learning outcomes within the practice environments. From this perspective the trainee mentor must know her student and what he or she needs to learn prior to undertaking an assessment;

Identifying learning needs is important to enable the mentor and student to draw up a learning agreement in order to specify what she will learn and how this will be achieved the time span and criteria for assessment measuring the success of the activity (Davina 20/08/05 reflective account).

The trainee mentors were learning that assessing the student to confirm proficiency was an essential role of the qualified mentor;

...I believe summative assessment should be achieved towards the end of the placement to confirm their learning and

if any referral should address this by an action plan. From addressing the documentation issues I was able to give my student prompt constructive feedback (June 03/11/05 reflective account).

By assessing her it gave me the opportunity to judge her level of progress... During the assessment I did intervene and interrupt and help her because sometimes she forgot what to ask the patient or missed a particular question. My student was confident throughout and acted very professionally. Overall the assessment went well (Heather 03/11/09 reflective account).

This trainee mentor had assessed the student appropriately, supporting her through the process and checking to confirm the students' learning. From a Humanist (Rogers 1990) perspective, a learner mentor or mentor should not be fearful of involvement. Any threat to the learner should be reduced as far as possible. A more reliable confirmation of professional competence is possible when the student and the mentor know each other. Morton-Cooper and Palmer (2000) agree that the expression and explanation of what has been learnt by the student nurse is made easier if there is a good relationship for learning between the people involved.

Providing an explanation from an evidence base may present a contradiction. Effectively, reflective practice and working to tight guidelines are in opposition to each other. A prescribed guideline may prevent learning from within a practice situation. The everyday problems of people do not apply themselves to a technical rational approach. Such an application may not respond to the patient's needs for emotional support. From a technical rational approach any true response to questioning of the learning situation will be in relation to the evidence base and not the reality of the practice situation. Also any inappropriately framed questions from an inaccurate or out of date perspective may not illicit an effective responses. The following participant seems to recognise

the differences between activities undertaken following a procedure but she is also able to recognise that the patient's needs to be cared for;

I explained to my student that this would be done under aseptic conditions and we would be following the guidelines in (Book Reference.....) as this is evidenced based with clear rationales for the procedure being undertaken but we look after the patient (Maxine 23/11/05 reflective account).

The trainee mentor understands the situation and that the technical rational approach does not apply to every aspect of the context of care. The patient also needed to be cared for on a personal level.

Reflection causes me to stop and think and saves me from making unplanned quick impulsive decisions that oftentimes lead me to a lot of mistakes and cause me to regret. Indeed for me reflective practice demonstrates continual learning and personal development. It impacts on our actions and improves our skills (Mario 11/10/05 reflective account).

While this learner mentor talks specifically about reflection, the following participant provides a reflective account of her teaching;

In doing my teaching session ...I also had learning outcomes for my session, visual aids, handouts, and an evaluation form. It was the reflection on the experience that I learnt about my session when with my mentor. I was able to give the teaching session but it was in a very formal way and I have now learnt to be more prepared and know the student expectations and questions (Anita 07/11/05 reflective account).

This trainee mentor had been able to reflect on her previous approach to the students in relation to the approach she was now taking and this has helped her see that being more prepared would help in the future. The

trainee mentors had now tested clarified and confirmed learning through reflection. This involved using reflection in and on action (Schön 1987, 1983). Through their developing understanding of approaches to reflective learning, within this layer of learning, one trainee mentor had also been able to use the reflective cycle as a tool for facilitating learning for a student. Throughout the learning process the trainee mentors were learning to nurture the students, and practising teaching and assessing. They were building both their confidence and competence as they progressed through the mentor programme. Following the process of reflecting on learning to confirm their understanding the learner mentors empirical data indicated that they the made an evaluation of their learning.

Evaluating learning through reflection and reflective practice

This theme is derived from the participant's interviews and written reflective accounts. Within this theme the trainee mentors show how they evaluated their learning through reflection-on-action. By evaluating learning the trainee mentors within this layer of learning (Figure 5.1) were able to come to terms with earlier contradictions. The evidence below shows how the trainee mentors were challenging their new understanding, gained in practice and in class as well as developing their values and beliefs about the role of the mentor. The trainee mentors were assimilating their learning in readiness to undertake their new role. They were generating a more critical reflection in line with the thinking of Rolfe et al (2001) through thinking through each stage of what was needed, questioning their ability and making an evaluation;

Prior to the teaching session I made a lesson plan which was shown to and discussed with my mentor I was trying to achieve one of my first outcomes as a student mentor and prove to my mentor that I was able to teach students correctly and professionally, using a variety of teaching methods (Heather 03/11/05 reflective account).

I discussed with my student if she had seen sutures taken out and how she felt about observing and then after carrying out the procedure herself.... I explained to her that this would be undertaken following aseptic conditions and we would be following policy and guidelines... I asked the patient for her consent ... (Penny 15/11/05 reflective account).

Students need to feel that they can take their time over performing clinical skills and practice demonstrations... I tried to assess her learning characteristics as we all approach and process information differently. My teaching role at this point was passive allowing her some space and autonomy appreciating her emotional needs (Penny 15/11/05 reflective account).

The trainee mentors now understood the learning requirements of the student nurse and to how manage them in practice. The reflection was a reflection on the trainee mentors' actions and abilities for mentoring. While the trainee mentors had been in this learning relationship, they were assessing and evaluating their own ability as well as the abilities of the student nurses to ensure competency was achieved.

A professional is thought by Schön (1987) to be reliant on his or her own personal and tacit ability. In managing anxiety (the first example) the trainee mentor was able to demonstrate a professional approach to the student. Thus a technical rational approach shown here was not the only application for learning (Schön 1987 & 1983). The trainee mentor had used her newly acquired skills for mentoring to respond to the students learning needs by allowing her time and space to absorb what she had learnt and supporting her.

The technical rational approach became important in application of procedures for example the removal of sutures (second example). This

was preceded by a personal, professional and ethical approach towards the patient and the student nurse as expected.

The trainee mentors had generated knowledge through reflection-on-action using a framework for interpreting their understanding. In this case the framework was the application of a reflective model or cycle as required by the mentor programme. Their use of Johns (1998) model of structure reflection and the reflective cycle, Gibbs (1988) enabled interrelated concepts of teaching and assessing to be evaluated as integral to the context of learning.

To be explicit, it was learning in line with the NMC (2006). The first example shows the development of a lesson plan by a trainee mentor. The learning situations were controlled through the lesson planning activities for the sessions and the provision of clear explanation of what was expected. Although the trainee mentors were apprehensive at being observed by their mentors they were able to confirm the learning of their student nurses. The trainee mentors were already competent practitioners and this can be seen in their approach to the skills they were teaching and assessing in practice.

On occasion it was a tacit understanding that was being demonstrated. As tacit, it was a learnt practical insightful knowledge. This knowledge recognises the trainee mentors' ability to support the student nurses;

As her mentor I made sure support was available all the time. It could not be helped that the ward became busy... I made sure that the student was not seen as an additional burden rather I encouraged her to become an active participant while taking into consideration her shortcomings and inexperience (Davina 20/08/05 reflective account).

This excerpt shows how the trainee mentors developed an understanding of the need for rapport and support for the different ways in which

students could learn. The most evident aspects of tacit ability are explained within the work of Schön (1987). Tacit knowledge as competence does not have to rely on description or conscious thought to be revealed in actions. Although the above example does explain the learner mentors' thinking, this thinking also supports the learner through a busy period of work. I undertook an analysis of the participants' written reflective accounts in relation to exploring the tacit knowledge of reflective practice;

By using reflection as a learning tool I will be taking a greater control over my practice and on an ongoing basis and this will allow me to identify strengths and weaknesses I feel that I will enhance my self esteem and allow me to look at ways of improving my practice (Maxine 23/11/05 reflective account).

This participant quoted the work of Taylor (2000) and his definition of reflection as thinking, contemplating, mediating and other forms of thinking, and then made her own interpretation of this;

So I would say that reflection in practice helps me and my student to be informed, helps me and my student to think critically before, during and after each activity with subsequent improvements in patient care...I love to consider things ponder think analyse, find out and figure out (Maxine 23/11/05 reflective account:19).

The participants' data reveals evidence of evaluation. This evaluation was up to the point at which this trainee mentor gained 'control' over learning as she describes;

By using reflection as a tool I will be taking a greater control over my professional development. In doing this I will be questioning and renewing my practice on a regular basis and

*this will allow me to identify strengths and weaknesses
(Maxine 23/11/05 reflective account:20).*

Evaluating what has been learnt through reflective-on- actions my study is revealing a different perspective from that of Argyris (1977). Argyris argued that practitioners do not always undertake actions in a manner that generates knowledge. I would argue, from my experience, that knowledge is generated on a continual basis when working in clinical practice. In these situations there is a continual cognitive assessment process in progress but we do not always have the time to evaluate this knowledge. We can think and reflect upon situations but cannot always recognise the knowledge gained. We may recognise this learning but may not, and most likely don't have time to share all we have learnt with colleagues. Interestingly, my case study reveals that knowledge is very often recognised when the situation holds a negative connotation;

While the student was working with me she witnessed a patient who had a vasovagal attack. It was the student's first experience and she looked startled. As her mentor I needed to explore her feelings as such a situation could create a psychological impact on her learning (Davina 20/08/05 reflective account).

In this reflective excerpt, the trainee mentor did not want to induce any further fear within the student. Situations may not be recognised for learning if they are not reflected upon. As Schön (1987:35) points out, when a practitioner reflects in action he or she 'behaves more like a researcher' at which point he or she is gathering information and generating a new perspectives at the same time. The knowledge gained constructs a way of thinking about the situation that can be evaluated by the practitioner (Schön 1987). Within the following evaluation is the essence of the achievement from the reflection-on-action as explained by this participant;

I have achieved a clearer understanding that a teacher cannot induce learning to students if she is not competent in the practice of this role, and this has certainly influenced my practice of teaching (Davina 20/08/05 reflective account).

The trainee mentor recognises what needs to be achieved before teaching can take place influenced by the mentor programme. The learning shows that the trainee mentor is continuing to generate her own theories for understanding the role of the mentor and that preparation for the role is effective;

I will maintain the same enthusiasm to teach and will be more prepared on areas of planning the learning opportunities, facilitating and supporting students' learning process, assessing their learning by giving feedback that is constructive for learning (Davina 20/08/05 reflective account).

Throughout the mentor programme there were many different learning opportunities and experience available. Through these experiences the trainee mentor may learn and understand what is involved in undertaking the role of mentor;

We formulated an action plan... this would guide her learning ...She will need to do more documentation of all care provided and practice giving patient handovers to gain confidence... I encouraged her to ask questions when not sure of anything. Feedback will help her to achieve competency (Khim 08/04/05 reflective account).

From the reflective accounts of the trainee mentors it appears that reflection during the programme is essentially focused on learning and the personal and professional development of trainee mentors. The written reflections were drawn from within the context of practice. Overall, evaluation enabled the learning to be recognised;

I am more confident in knowing the requirements and expectations of mentoring students (Mendi 24/05/05 interview)

I think it has given me a sense of confidence... I think it's the experience of doing it, if you know what you are doing you have even more confidence...it has made me more aware of the student and where the students are coming from that was a major part and made me more aware of how they feel and where they are trying to get to (Angela 26/09/05 interview).

Before I did the course I had to start from the basics I think the course prepares you, showing you, guiding you to become a mentor (Davina 20/08/05 interview).

It has defiantly added something for me that was new to me you have some responsibility this time to look after your student and impart some knowledge and educate them teach them with evidence based practice and the ask them some questions ...(Mario 11/10/05 interview).

Within this layer of learning (Figure 5.1) the trainee mentors are evaluating the achievement reflecting on their actions and what the programme has enabled them to learn in preparation to be a mentor. This identifies a new sense of confidence in recognising their responsibility as mentors that led them to value their learning.

Valuing learning through reflection and reflective practice

This theme of learning stems from the participants' interview data and written reflective accounts. It is the final layer of learning on the trainee mentors' learning journeys (Figure 5.1). The theme represents the interpersonal and psychological involvement in the learning experiences that changes the learner mentors' identity from that of nurse to that of

mentor (Tajfel & Turner 1986). The values of reflective learning had been transformed through facilitation in class and the influence of learning in practice. As empowering the transformation provides insight into personal understanding and a sense of control. Although some of the trainee mentor had been sent to undertake the course, for most the motivation to achieve had come from within themselves as Rogers and Freiberg (1994) explain. The trainee mentors were now self motivated and seemed to value their achievements;

I see the advantage to myself I will reflect on what I am doing here and make use of it. I think that it will be very beneficial to my future career... you have to reflect and see the effect before and how it is going to effect for the better (Khim 08/04/05 interview).

I feel that I have developed further than expected (Jomyra 22/08/05 reflective account)

Now that I have been on this course I will be able to teach and assess and further develop in my career (Angela 26/09/05 reflective account).

I thoroughly enjoyed the course I got so much out of it. It is such a shame it is done with by the time it dawns on you how much you got out of it, and it will take me on now I know it will, it has already altered the way I work (Angela 26/09/05 interview).

I have got more to work with I have extended my thinking I value that and I would look deeper. My learning is constantly changing all the time. What I really have to do is focus now and feed myself with information on where to go from here (Annie 29/09/05 interview).

One recurring aspect stands out, also acknowledged by Jarvis (2004) and that is recognition of the self as a valid part of the reflective learning process. From this perspective the nurses were introspective about becoming mentors as a status transition. The trainee mentors had left part of them-selves behind as they learned to be someone in a new role. According to Burnard (2002) a nurse who can monitor his or her self-awareness during this process will also be more able to monitor his or her progression into the role of mentor. One participant saw her role progression through reflection as;

I reflected on my teaching experience and progression as part of learner-centred approach to mentoring. My self-awareness, critical analysis, description, synthesis and evaluation are necessary skills for reflection to take place. In doing this I will be questioning, and reviewing my role as a mentor (Maxine 23/11/05 reflective account).

This participant's self-awareness is representative of self directed learning. It is evidence that people who take initiative in learning learn more. All trainee mentors in my case study had to undertake written reflective accounts and develop a Portfolio to represent academic and practice learning for the role of mentor. Each trainee mentor articulated an individual account of their learning in different ways, did not know who they may have to mentor in the future, and recognised that the role carried uncertainty;

I felt nervous as to whether I could perform my responsibilities to be a good mentor. I felt that I was passing through the feelings of uncertainty as in a role transition. My lack of confidence was a result of my perception of my own capabilities (Jomyra 22/08/05 reflective account).

This participant continued expressing concerns for undertaking the role and demonstrates the use of Johns' model of structured reflection

important to the mentor programme in stimulating thinking in a range of different areas;

Ethical principles serve to inform the situation and may help to balance conflict of value among others. In view of this I should know my capabilities and limitations of my ability, never act in an incongruent way (Jomyra 22/08/05 reflective account).

I asked a participant if there were any constraints in undertaking the programme or if undertaking it had increased her freedom to work with the students;

... no... I mean there are constraints but only as far as what students are allowed to do... no obviously I feel confident I think I am quite confident with students I do think I am a better mentor for doing the course (Linda 03/11/05 interview).

One area of constraint was expressed;

...management must ensure that educational opportunities are provided for all students to meet their intended learning outcomes to ensure that placements are suitable for nurturing the student and the curriculum (Khim 08/04/05 reflective account).

Understanding the learning needs of the student nurses, being able to develop learning opportunities and being sure that learning environments are supportive to students, were all concerns of trainee mentors. They are entering into the role of mentor as new to them and recognised that these activities were now their responsibility to manage.

Respecting the need for continuing development and providing opportunity is a responsibility of the professional employer (Jarvis 2004). I

asked participants who were sent and did not seem to have any choice but to undertake the programme how they valued their learning. One participant still felt aggrieved by her messy start;

... I know I know its true I didn't want to do it but I mean in saying that I thoroughly enjoy it as you say I got so much out of it really and it's such a shame its over and done with by the time it dawns on you how much you got out of it (Angela 26/09/05 interview).

...I would have like to have done it... and am pleased now that I have... but I would have liked to have been asked it was oh I've put you on the mentorship course that's fine but it would have been nice to have actually been asked (June 03/11/05 interview).

Without further exploration into this issue it is difficult to know how many trainee mentors may feel aggrieved by being told to undertake the course. This participant's experience represents an inability to make her own wished know over that of the organisation as she was not given any choice but to undertake the programme. The reasons for this were not made clear. Reducing any opportunity for her to make her won decision and affected the social construction of her learning. This reduced any sense of value for her achievement. Recognition from her line manager for what she was about to do may have made a difference.

I asked June a question in relation to continuing professional development;

...is it going to take you further?

...It's made me realise I can actually go out there I can actually achieve I can actually still do the study (June 03/11/05 interview).

By contrast, at the end of the module when I asked the trainee mentors if they had enjoyed the module some participants were still expressing their difficulties;

After reading the outcomes and you do read and read them and eventually it fits in... it takes a while to sink in... it helped me that I had done my training only a short time ago but it must be very difficult for people who done their training like many yeas ago (Heather 03/11/05 interview).

...its nice to know what you are doing rather than guess work finding out what level they are at what they know and not repeating your self or boring them... but when you are busy on a ward you don't think about it and now I can think about it so that's good and I would recommend it to any to do (Penny 15/11/05 interview).

I asked; *now that you have completed the programme do you feel a sense of achievement in what you gained?*

... Oh yes I think it was neck breaking and everything all the topics discussed it was hard (Davina 20/08/05 interview).

I asked; *and has that given you any sense of freedom to act for your student?*

'...yes at least you can speak for your student sometimes and I know how to support them now (Davina 20/08/05 interview).

I asked; *what value did you gain from the mentor programme?*

'...very good experience for me and my colleagues very helpful for us when coming from another country hard work its

really hard work but when you finish it and you get the result satisfactorily yes it's a good different feeling (Jomyra 22/08/05 interview).

Summary

First, the trainee mentors found their way through the messy contradictions that had occurred; issues of being sent to undertake the programme and having their study time cancelled. I talked to the trainee mentors with the aim of helping them overcome these contradictions. We discussed alternative ways in which their learning could be supported. I supported the trainee mentors to use reflection, focus on the issues and question their reaction. I was thinking in line with Dewey (1938) that growth in learning comes not only through experience but also by reflecting on experience. In finding their way through their messy approach to learning the trainees moved to make sense of their understanding of reflection and reflective practice.

Making sense of reflection and reflective practice caused further difficulties in learning. This was in relation to understanding the use of reflective cycle and reflective models. The trainee mentors were supported to understand reflection and reflective practice and to learn how to link experiences to the reflective cycle or model of their choice. This was not always helped by reading examples and the complex language used by Johns.

The trainee mentors then tested their learning, linking their learning to teaching and assessing activities in practice and clarified the processes thorough reflection and reflective practice. They were checking their reflective processes when teaching and assessing activities undertaken in practice.. The trainee mentors gained further understanding for the learning outcomes from each other and needed to confirm their understanding.

Confirming learning is about the trainee mentor being confident about their interaction with the student nurses while they develop their understanding of their role as mentor. Feedback was important. They were acting as role models for the students and this caused anxiety. Feedback came from the trainee mentors' own mentors in practice. The trainee mentors were also learning to observe the students in practice and assess and confirm the student nurses' knowledge.

Evaluation was undertaken through questioning and responding to the learning outcomes for the mentor programme and the process of writing their reflective accounts. In this way, learning was progressed in preparation for submission of their Portfolio. Finally, the trainee mentors' responses to the interview questions that I asked showed that they valued their learning and their new role. It was a changed perspective which they achieved through reflection and reflective practice guided by Johns' (1998) model of structured reflection or the reflective cycle Gibbs (1988). The trainee mentors' approach to the use and processes of reflection and reflective practice had been identified through their progressive step by step approach to learning. Their approach was sequential thinking representative of a learning journey (Figure 5.1). Summary explanation of the learning journey, discussion of the research process and agenda for further research can be seen in Chapter 5.

CHAPTER 5 CONCLUSIONS and EVALUATION

Introduction

In Chapter 4 I presented data providing a location for the participants voices (Coffee, 1999). My position as researcher and my approach of praxis was undertaken in line with the thinking of Lather (1991b) as collaborative to enable situations to change during the period of the research. Praxis as a practical application, according to Lather (1991b) enabled my case study to be based within the context of learning in practice. The context of practice of my study was the acute hospitals, the independent hospital and Summertown University. Educational policy and its development also impacted upon the case study. The outcome of the study is that exploration of the demands of the research question generated data in relation to the use and therefore the processes of the reflective learning of the participant, trainee mentors. Investigation into those learning processes provided evidence to indicate a sequential and layered learning journey, undertaken through reflection and reflective practice (Figure 5.1).

The key findings indicate a sequentially layered learning journey (Figure 5.1) that had not been previously identified. In achieving each layer of their learning my participants were working through a range of experiences. I constructed the layered learning journey processes from the analysis of data from the participants' use of reflection and reflective practice. The identified perspective of the learning journeys were not an illusion or false impression but were inclusive to the participants' own learning journey.

While the content of the mentor programme was linked to the ENB, (1987) UKCC (1999, 1995) and NMC (2006, 2008) that had shaped educational policy, Summertown University had shaped the 2001 mentor programme and its requirement for reflective learning. It cannot be forgotten that a range of influencing factors, such as being sent to undertake the programme and the cancellation of study time in practice had impacted prior to and during the mentor programme.

In this chapter, I first provide an evaluation and interpretation of the study's findings. I revisit issues raised in the literature review. I make an evaluation of the strengths and limitations of the study and how it may affect the practice of others. I explore the implication for the development of research, policy, practice and education and discuss my claim to new knowledge. I discuss dissemination of my research and finally I present my research agenda that has arising through undertaking this case study.

Evaluation and interpretations of findings

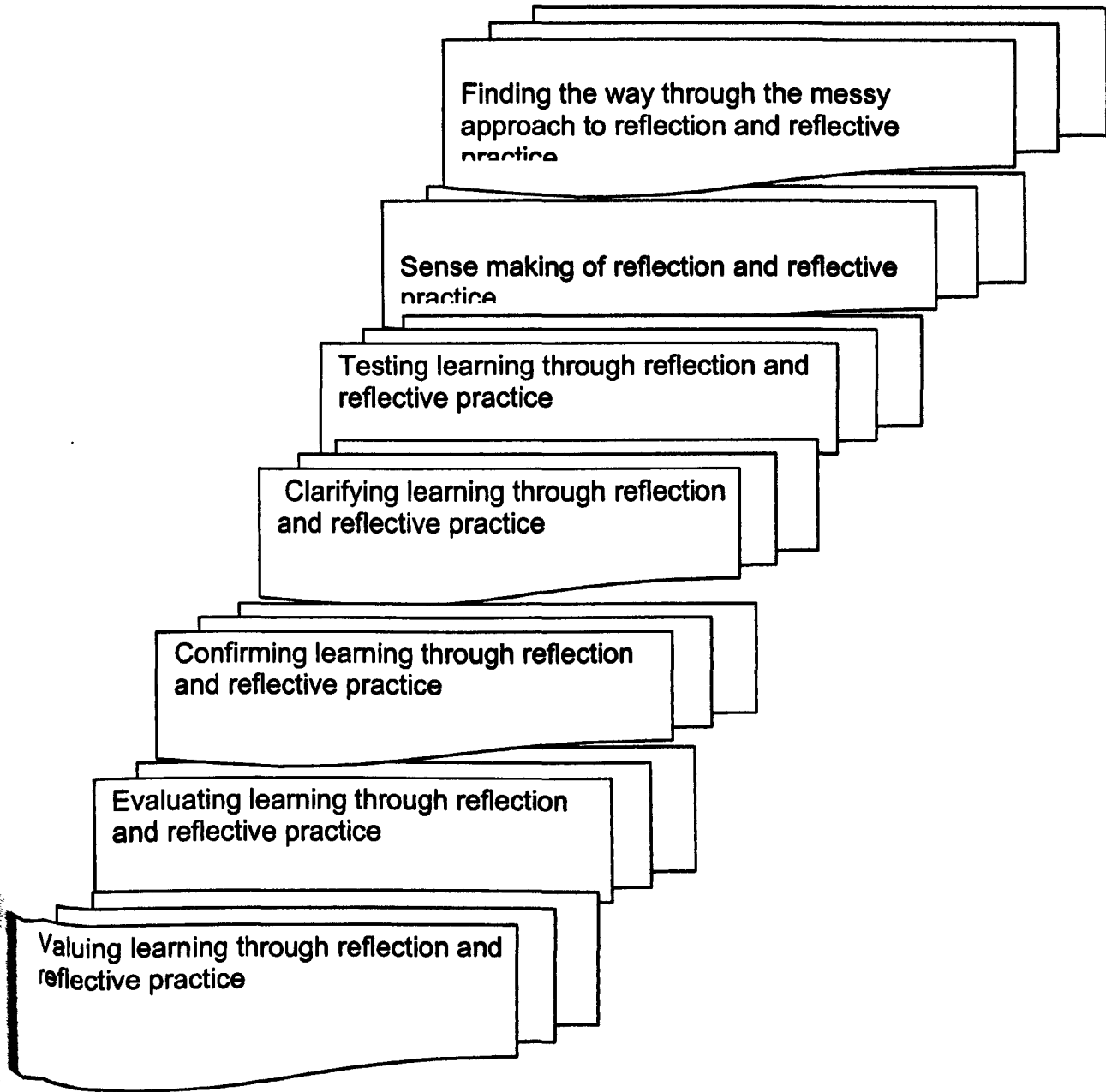
The participants' data (Chapter 4) indicated a response to the research question;

- How does the use of reflection and reflective practice influence the outcomes of learning for the mentor programme?

The research question in my study has generated data in relation to the use of reflection and reflective practice learning and the influence on the mentor programme. Grounded theory analysis of the participants' data provided evidence through which I identified their learning journeys. There is clear and recurring evidence from interviews, observation and the written reflective accounts to show that learning through reflection and reflective practice was sequentially undertaken. The learning journeys identified how reflection and reflective practice influenced the outcomes of learning (Figure 5.1). Using examples from Chapter 4, I set out to provide an explanation and summarise each layer of learning on the journeys undertaken by the participant trainee mentors. First, I provide a diagrammatical representation (Figure 5.1) of the participants' learning journeys. Each layer of leaning is sequential to the next ending only as the trainee mentors successfully complete the mentor programme and become mentors.

Figure 5.1 Theoretical findings; reflective learning for the role of mentor

This is a diagrammatical representation of a praxis theory of learning. The theory is representative of the sequential layers of learning on the participant, trainee mentors' learning journeys.



The trainee mentors utilised reflection and reflective practice in sequential layers to construct their learning as they journeyed through the mentor programme. This process was previously unidentified and will now be discussed and evaluated.

The initial layer of learning: Finding a way through the messy approach to learning, through reflection was reflective practice, was identified through the participant's interview data, reflective accounts, participant observation in class and observation notes. This theme is not only indicative of difficulties in learning reflection and reflective practice but also of power related issues encountered by some participants. One of these issues; being sent to undertake the programme, had a profound and long lasting effect on one participant trainee mentor but had impacted on each person so affected. There may be a negative implication here for the NHS. KSF. (DH. 2004) and gateway progression; moving to the next band or pay scale. June (03/11/05) and Angela, (26/09/05; Ch.4: 69) were feeling negative and possibly undervalued by not being asked if they were ready to undertake the mentor programme. This sets a potential for them to act passively in the role or avoid undertaking it altogether.

Schön's (1987, 1983) work and conceptual explanations of reflection-in-action and reflection-on-action were valuable as an educational tool for learning about the reflective process. Johns' (1996) model of reflection was valuable in understanding how to manage the contradictions that impacted on the trainee mentors. The need of the trainee mentors to undertake reflection and reflective practice and explore their feelings, generated reluctance. Reflection may have been seen as intimidating as expressed by Khim (08/04/05: Ch. 4: 71). Reluctance to undertake a self critique may have been as a result of not wanting to think from an oppressed position. For example, negative feelings had been generated in those trainee mentors who were sent to undertake the programme as Angela (26/09/05: 69) and the other trainees expressed (15/04/05 observation in class; Ch. 4:70).

In relation to the negative feeling of the trainee mentors and their reluctance to undertake reflection Schön (1987) had suggested, that working in the swampy lowlands of practice was not conducive to independent thinking. At this initial stage of the programme this seemed to be the case. Some of the trainee mentors found it hard to think beyond their own negative situations as indicated by Angela (26/09/05 Ch. 4:69). Here, I found agreement with the thinking of Schön (1987). The swampy lowlands of practice had impacted upon those trainees sent to undertake the programme and generated a complex situation for them. According to Schön (1987), when there is complexity there is also a considerable level of uncertainty and this may have at first prevented reflective, independent thinking processes from occurring.

There was one aspect of Schön's (1987), work the trainee mentors in my case study did not appear to be able to undertake. In a new situation, the trainee mentors did not seem able to 'name and frame' a problem as suggested by Schön (1987:4). They did not seem able to work through their problems using a reflective approach and then problem solve to take appropriate action. I recognised the trainees were in a new situation but was surprised that their solution to problems on occasion was to have a go at me (participant observation in class 04/05: 77). I was able to name and frame this problem as a reaction to a situation over which they had had no control or involvement. I was able to tell them why this had come about (participant observation in class 15/04/05: 79). I soon realised that, as I was there in front of them, their problems would be directed at me.

In relation to the thinking of Freire (1985), that the purpose of reflective understanding result in the persons' need to challenge and change a situation, my case study found to the contrary. Reflective understanding may not necessarily result in action being taken or the person changing their thinking along different lines. The participant data indicated to me that reflection may just maintain the situation as it is. This is evidenced by June (03/11/05 Ch. 4:69). June was upset at being put on the programme with out being asked. June (03/11/05 Ch. 4:131) completed

the mentor programme successfully but still had not done anything about the way she found herself put on the programme in support of her own situation or of other nurses who may be in similar position. She had just remained compliant.

The case study indicated agreement with the work of Kolb (1984) and Dewey, (1938) that apprehension could prevent processes of learning. The trainees apprehension in using reflection, concern at the cancellation of study time in practice and coming to terms with why some of the group had been sent to undertake the programme had to be overcome before they could take their learning forward. The trainee mentors had to gain control of their feelings before they could reflect and understand the context of their new learning situation (Dewey, 1938). Once their apprehension had been overcome their learning opportunities increased and their confidence returned as shown by Jomyra (22/08/05 Ch. 4:87).

As discussed, the process of reflection in some situations is complex. Complexity may generate uncertainty (Schön, 1987, 1983) and at first there was a lot of complexity within the learning outcomes for the mentor programme (Appendix 1). In trying to find their way through the messy situations and range of learning outcomes the trainee mentors challenged me to make changes in the teaching and learning strategies. One challenge was in relation to the loss of additional study time in practice. The trainees wanted something to replace this but it needed to be achievable and occur within a study day to save taking time out of practice or further travel time. The approach that I discussed with the trainee mentors was using 'peer group' learning. I suggested that each peer group session would occur at the end of the study day and focus on a different set of learning outcomes. By the last study day all the learning outcomes would have been actively discussed by the trainee mentors (participant observation in class 15/04/05 Ch.4:79). A session called 'Peer Group' learning and this was subsequently included on the timetable (Appendix 10). A second challenge (Ch. 4: 84) was the need to facilitate learning for reflection and reflective practice incorporating information on

Johns (1998) model of structured reflection and the reflective cycle by Gibbs (1988). This was included on the third day of the timetable (Appendix 10). A further challenge (Ch.4 110) was to introduce a teaching session for leadership to help the trainees to understand their levels of responsibility and authority. This session was implemented at first as a Peer Group discussion on change and development (Appendix 10) and was later included as a facilitated session on change theories and leadership skills.

The participant trainee mentors in my case study were able to move from an intuitive perspective, not fully able to voice their meaning, to a descriptive perspective. This is evidenced by June (03/11/05 Ch. 4: 100). In the first instance these processes had to be learnt as explained by Mario (11/10/05 Ch.4:84). However, the interactive learning situations within the mentor programme provided an opportunity for reflection but this needed to be purposely directed. The reason for this was to provide the trainee mentors with an appropriate focus for reflection to enable a response to the mentor programme learning outcomes (Appendix 1) within their written reflective accounts. Such a focus was that also provided by the programme structure and the teaching and assessing exercises that enabled experiences to be described. In relation to these two factors the process of learning how to reflect progressed to have a significant influence upon the trainee mentors understanding and education. The use of reflection and reflective practice processes gave the trainee mentors the opportunity to transform themselves so that learning could show them a new perspective of themselves - as a mentor. This transformation is shown diagrammatically through the culmination of the trainee mentors learning journey's (Figure 5.1) and will be further explained through discussion of each layer of learning on the participants learning journeys.

In undertaking the role of the mentor the trainee mentors needed to have an insight into how they would change. By outwardly recognising their already acquired knowledge and prior achievement when I talked to the

trainees (11/04/05 participation in class Ch. 4:74) I hoped I had enhanced their motivation for reflective thinking and successfully meeting the learning outcomes. I had facilitated an explanation of the use of reflection and reflective practice processes and its purpose. I had generated the opportunity for this to occur as part of the timetable. This seemed to be the best and most acceptable way that I could support the development of the trainee mentors understanding of reflection and reflective practice. This was recognised as beneficial by Maxine (23/11/05 Ch. 4:88) and after going through the messy start to the mentor programme the trainee mentors continued their learning. Analysis of the participants' data indicated that they took their learning journeys forward to make sense of the concepts of reflection.

Making sense of reflection and reflective practice was the next layer of learning on the participants' learning journeys. This layer of learning was identified through my scrutiny of the participant's interview data and reflective accounts. Making sense was the insight into a situation that would link the participants' reflective thinking to their understanding for example, to the processes of using a reflective model or cycle. Thinking time or space was required for this to occur, in line with the thinking of Dervin, (1992). Questioning as part of the process of sense making and linking prior understanding to new knowledge was of value for Mario (11/10/05 Ch. 4:90). Asking questioning provided an opportunity for the trainee mentors to get to know how the student was feeling and to assess the responses progressively to gain an insight into their knowledge.

Johns' (1998) model of structured reflection was only of value when understood. The examples provided, and the terms used within the model were found by my participants to be difficult to understand. It was especially difficult for them to recognise the underpinning theory as pointed out by Jomyra (22/08/05: Ch.4; 89 & 92). When I attempted to ask the trainees questions with regard to the ways they gained knowledge in nursing, using the terms that underpin Johns (1998) model, I was surprised by their response (Ch.4: 91). However, it was through their

responses I gained an understanding as to why the participants found Johns' (1998) model of structure reflection so hard to use. It was clear, in discussion with them that Carper's (1978) concepts, on which Johns' model is based, had not been routinely taught or talked about within nursing training and education in recent years. Also my participant trainee mentors used simple descriptive terms when talking about reflection (Ch. 4: 92). Thirteen out of the fifteen trainee mentors dismissed using Johns' (1998) model of structure reflection, regardless of being asked to do so as part of their written assessment for the mentor programme.

Support from the qualified mentor to the trainee mentor was seen to be effective and of value in helping to provide opportunities for reflection as stated by Linda (03/11/09 Ch.4: 93). Where this was not provided as stated by Angela (26/09/05 Ch.4: 94), the trainee mentor felt she had lost out in terms of her development. Once the participants felt they were making sense of the concepts of reflection their data indicated that they were moving forward to test their learning.

Recurring interview data indicated processes of testing learning through the use of reflection and reflective practice was the next layer of learning for the participants. The participants tested or practised aspects of their learning through learning experiences when mentoring, teaching and assessing student nurses. Testing learning was indicated through what appeared to be a step by step learning process. Testing learning included trying out different approaches to learning in practice as well as questioning what was occurring. For example using, the reflective cycle of Gibbs' (1988) was used to explore an issue of student nurse behaviour Angela (26/09/05 Ch. 4:94) explained what she did. Using the reflective cycle (Gibbs 1988) for problem solving enabled Angela to come to a decision and make a judgement from which she was then able to put an action plan in place. Angela used the action plan approach to enable her to structure the student's behaviour. As part of the reflective process the experience and trying out such an approach became experiential and

consistent with the thinking of Dewey (1938) and more recently that of Kolb (1984).

Testing learning and putting into practice what had been taught on the mentor programme enabled the participants to experience what was involved within the teaching and assessment processes. The participants' were then able to reflect upon the experiences and enhance their understanding. The participant could see the result of intervention for the student nurse. In the practice teaching session undertaken by June it helped her to see how prepared she needed to be when teaching (June 03/11/05) and the effect of making one mistake.

The participants put their learning to the test when exploring the knowledge of the student nurses. This approach was undertaken through a questioning process as seen by Mario's account (11/10/05 Ch. 4:99). However, interview data indicated that testing the processes of learning was not sufficient to gain for a full understanding of the learning experiences and activities for teaching and assessing. The trainee participants indicated a need to gain a deeper insight and clarify their new understanding.

Clarifying learning through the processes of reflection and reflective practice was identified within the participants' data through analysis of interview data, reflective accounts. The participants needed to clarify their learning in order to increase their understanding. Clarifying learning Van Manen (1977) suggests is a process for gaining a clearer understanding. Hence, clarification was the stage of learning that linked the processes of self-awareness to the participant's development. The participants developmental process at this stage was undertaken through interaction with the student nurse to gain an understanding of their learning needs as explained by Penny (15/11/05 Ch.4:108). Gradually through working and interacting closely with the students and reflecting on their progress the participant trainee mentors were able to clarify any assumptions with regard to learning (Van Manen 1977) as explained for example, by Mario

(11/10/05 Ch. 4 :105). This form of interaction occurred within the trainee mentor and student learning relationship. The trainee mentors were in a similar learning situation to the student nurses they were supporting (Figure 2.1). The relationship was highly supportive to the trainee mentor's approaches to the education of the student nurses. The student nurses presence in practice provided the trainee mentor with an opportunity to practice teaching and assessing and providing support to a student, while at the same time both were being supported by a qualified mentor. In this way the student nurses supported the trainee mentors' development as mostly they were eager and happy to learn in a one to one situation.

The process of clarification of expectations is evident within relationship between the trainee mentor and the student as described by Davina's account (20/08/05 Ch. 4:107). This process indicates that as the mentor programme progressed the trainees were developing in line with the characteristics of the role of the mentor and focusing on what the students needed to learn. Heather (03/11/05 Ch. 4:108) explains how she reviews the students' guidelines. Heather (03/11/05 Ch. 4;111) also explains her increased understanding of reflective practice. In clarifying their learning trainee mentors were showing how tentative learning is as they then moved towards confirming their understanding.

Processes of confirming learning using reflection and reflective practice were shown within the participants' interview data and written reflective accounts of learning. The interview data indicates that as part of the process the participants' had to find out more about themselves and how they learnt best. From this perspective the participants were gradually increasing their confidence to also enabling confirmation of the learning needs of the student nurse and understanding of the levels of support they required. Developing understanding included sharing information about each other. It also incorporated an increased understanding of the role of the mentor. Once the learning needs were confirmed this knowledge could be utilised by the participants to build confidence

through 'double loop' reflection as described by Ashby (1952, in Argyris & Schön 1974). Penny (15/11/05 Ch. 4:116) provides an example of double loop learning undertaken through reflection and in the interest of both the patient and the nurses including student nurses. Penny was successful in taking action on the situation.

At this stage of confirming their learning, the trainee mentors were progressing towards achieving the role of the mentor but their interview data indicated they needed to evaluate their learning before they felt ready to take on the role.

Evaluating learning through the use of reflection and reflective practice emerged from the participant's interviews and reflective accounts. The need to make an evaluation is indicated within the reflective account of Maxine (23/11/05 Ch. 4:123-124) at the end of the programme Maxine sees reflection as a tool for learning and identifying her strengths and weaknesses so that she may continue to learn.

Making an evaluation in relation to their achievement in undertaking the mentor programme was a process that enabled the trainees to challenge their new knowledge. It also provided them with an opportunity to recognise the change in their identity to that of a mentor. The trainee mentor's evaluation their development through the mentor programme had changed through recognising their personal involvement in the achievement as explained by Maxine (23/11/05 Ch. 4: 123). As a critical reflection, the trainee mentors were able to reconcile their difficulties and contradictions as seen in Davina (20/08/05 Ch.4: 125). Davina recognised the need to understand the role of the mentor and what she was teaching before being able to promote learning. It was through evaluation that reflection on her achievement emerged.

Trainee mentors' evaluations are indicative of the achievements that they had made during the mentor programme. Following evaluation of their

achievement in developing as mentors, the trainees indicated they valued their achievement.

The final layer of learning through the use of reflection and reflective practice on the participants' learning journeys showed that participants valued their learning and were able to act as mentors. The process of valuing learning stems from the participants' interview data and written reflective accounts. This development into the role of the mentor had occurred through the influences of reflection and reflective practice thus responding to the research question (Maxine 23/11/05 Ch.4; 129). The learner mentors were reflective of now becoming mentors and taking on the role as Annie's account shows (29/09/05 Ch. 4:128).

It could be argued, as stated by Goffman (1959), that the nurses were now at the 'front' in practice or in other words they were in place at the interface of learning in support of meeting the student nurses' learning needs. The participant trainee mentors were prepared to be mentors contextually and socially and intellectually. Contextually, they were prepared as their training had been undertaken within the context of practice and in relation to what they already knew. Socially, the participants were prepared in relation to their interaction with the student nurses that they were in training to support. Intellectually, they were prepared through attending the programme study days as can be seen by Penny (15/11/09 Ch. 4:132). They valued their processes of achievement as Jomyra (22/08/05 Ch. 4; 132) explained at the end of this learning journey.

In summary of the above evaluation and interpretation of the findings, in revisiting the issues as set out in chapter 1 I have discovered that there is an approach to learning in practice that is generated by sequential layered processes to achieving the learning outcomes for the mentor programme. We now know how nurses learn the role of the mentor when learning is undertaken through the use of reflection and reflective practice. I have gained insight into their processes of learning. I have

subjected reflective frameworks to critical analysis and developed their use as a strategy for teaching, training and learning in nurse education. The use of reflection and reflective practice processes within nurse education and practice is justified as identified by the participant, trainee mentors within this ethnographic case study. The use of reflection and reflective practice frameworks is of educational value and has directed sequential, layered learning processes effective for learning a role.

Evaluation of the strength and limitations of the research and how this may affect the practice of others.

In making an evaluation of what I have undertaken and how well the evidence supports the theory is indicative of empirical adequacy (Hardy, 1978). Thus, to evaluate the concepts grounded in the case study I start from my interactions and experiences that shaped my development.

I wanted to give something back to nurses with whom I have shared so much in common. My case study was inextricably linked to my career progression. I was motivated by the work of Benner (1984), Lather (1991a & b; 1986) and committed to the undertaking (Coffee 1999). This grounding centred the qualitative approach I then adopted and directed my research design through praxis to provide the research with rigour, confirmability and authenticity as I will now explain.

In relation to rigour, any assumptions and prior insights were considered a part of the process of the research, inclusive to data gathering and the process of analysis. I recognised that I was the researcher as well as analyst. While I appreciated the strength of case study as a research approach and its ability to provide a distinct focus, I also recognised limitations as discussed by Cohen et al. (2000). For example, a limitation is identified in relation to using the interpretive paradigm. Interpretation may occur from a range of perspectives. In my case study I may have inadvertently interpreted the participants intended meaning. I undertook respondent validation with the intention of avoiding error in transcribing and interpretation. I wanted the participants' to see the diagrammatical

representation of the learning journey that they had generated. This enhanced the value of their participation within my case study.

There may be inconsistencies in relation to other case studies. Fifteen nurses participated in my study but they came from all over the world and may not be a consistent representation of a cohort of trainee mentors. Also a participant may only demonstrate a particular behaviour on one occasion, according to Cohen et al. (2000). This may not represent consistency; nevertheless, each one of those occasions is important because it represents a particular situation occurring at that time.

Findings from my case study may appear limited on authenticity or external validity. As Simon (1996) suggests my case study describes the context of my participants as they learnt and developed into mentors. There is strength in the evidence as accounted by participant, trainee mentors in my study. Such evidence provides confirmation through my process of respondent validation. Gaining the participant feedback from the transcribed interviews and interpretation of the learning journeys was of value. This was clearly recognised by one participant who asked to keep a copy of the above for inclusion in her PREP Portfolio. The value of involvement in the research process as professional development was recognised by this participant.

As an insider (Lather 1991b) I investigated a wide range of perspectives and as an outsider (Lather 1991b) I aimed to provide a holistic picture of the trainee mentors' learning. I may have played down structural and institutional features in favour of focusing on subjective interpretations. If this lack of interpretation is viewed as a limitation this would reduce the focus on external constraints according to Ball, (1987) as well as authenticity. I accept that, while I illustrate the constraints that directly affected the participants, there is still a need to explore external and political forces. Their impact upon the trainee mentors was a disruption to learning when they discovered that study time in practice was cancelled (Ch. 4: 77). These forces also impacted on me. I also had to make sense,

through praxis, of the messy situations in the interest of the trainee mentors and the mentor programme.

A praxis theory must illuminate experience and be grounded in the circumstances of every day life according to Lather (1991b). The praxis theory of learning that developed (Figure 5.1) is inclusive of shared contradictions and conflicts. Through praxis, I formed a relationship with my participants. This promoted my learning and development and ensured that I took actions on their contradictions. I was successful in changing situations. For example, I was able to develop teaching strategies to include a facilitated session on reflection, discussion through peer group learning and leadership, change and development (Appendix 10). The above changes and developments within the timetable indicate that I had worked with the participant trainee mentors, to understand their concerns, and supported their learning process. I took each suggestion to the curriculum group for discussion and agreement for inclusion prior to implementation. This is an example of my ability to undertake research through praxis. The result was that I developed a structured approach to interactive learning throughout the mentor programme. While, the development of each of these areas was discussed with the trainee mentors, as suggested by Fetterman (1998) I recognise the account falls short of the full details of the interaction which may cause a limitation.

The strength in meeting the need for empirical precision was undertaking the research through praxis. What was happening to me was happening to the research. My case study is reflexive of my learning as a researcher and reflexive of my ability for observing learning, as well as observing the trainees and in taking action. Praxis is representative of beliefs and values to me in undertaking the study in a manner in which I could be proactive and make changes as called for. At first, I had to learn how to manage the issues occurring during the research period. For example, the anger and the negative feelings of the trainees when being sent to undertake the programme had a powerful influence. It was difficult to manage. The cancellation of study time in practice added to their distress.

These issues are not lost experiences but are a part of this ethnography. The situations contributed to the development of the participants in managing to overcome their contradictions and to my development in the role of tutor. The issues contributed to the praxis theory of learning. They indicated that a messy uncertain start to processes of learning is disruptive, very hard to overcome and takes time and effort to resolve.

The participants were given the opportunity to tell me the changes that they would like made to the teaching strategies. I developed the approach that they suggested, as peer group learning. This was included in each study day and gave a focus directly to the learning outcomes as shown on the timetable (Appendix 10). Managing these issues redirected my values and gave recognition to the participants' needs for learning. The discussion that I had with the trainees on these issues increases the rigour of the praxis theory. While I have not been able to change the situation whereby people are sent to undertake the programme I am hopeful that this case study will support that change. In the mean time I took the approach of trying to change thinking from a negative to a positive perspective (participant observation 11/04/05 Ch. 4:74). Thus the praxis theory is inclusive of the struggles within the participant's world of learning and not separate from such events.

Methodological triangulation, as a contribution of the different research data collection approaches, helped with questions of confirmability. This enabled the participant, trainee mentors to respond to the research question from a range of different perspectives. According to Patton (2002) this strengthens reliability of the approach. I had also learnt that a case study does not have to give quantity but quality. Case study values the individual, the significant and the intensity of the participation as explained by Cohen et al. (2000) and as included in this account.

Grounded theory was taken forward in its development by Strauss & Corbin (1998). The key role of the researcher, when using grounded theory is to develop a theory through making constant comparisons. I

used the inductive theoretical approach of Strauss & Corbin (1998) as it underpinned the qualitative and ethnographic research design (Atkinson et al. 2005) I had chosen to adopt. Using this approach is also underpinned by the complexity of the concept of reflection and reflective practice learning. Grounded theory also complies with the structural requirement of a Doctorate in Education.

Mentally demanding to undertake but, in time, grounded theory supported both theory development and empirical precision. Aspects of grounded theory provide a link to the original evidence via the process of open coding. The participants' data and my study's findings will enable the participant's praxis theory to be used and tested in learning situations that include the use and process of reflection and reflective practice. Praxis theory should guide practice according to Chinn and Jacobs (1987). In this case study practice learning for the role of the mentor was guided through the use and process of frameworks of reflection and reflective practice.

Empirical precision has been demonstrated as the concepts within the participants learning journey were generated from my observation of the as well as being reflected within their written accounts and interview data. It is my belief that through the evidence as explained by Hardy, (1978) I have demonstrated empirical adequacy of my study.

The structure of the Doctorate in Education has involved writing regular progress reports as the processes of making a contribution to knowledge. This required me to be further embedded with the literature and reflect on the development of my values in relation to undertaking this study. This feedback process was all occurring at the same time that data were being collected and analysed. Hence, this enabled me to relate my role as tutor researcher to current theories of learning and ideas about reflection and reflective practice. This feedback process enabled my development. I was testing out theories in relation to my arguments to see if there was comparability to what other authors were saying. I did this, in class, in the

curriculum group where I sometimes generated further challenges in developing teaching strategies and I did this in the progress reports, where on occasion I lost the focus of the research process to explore other concepts.

Could this research be transferred to other situations? The question is; how applicable are the theoretical findings emerging from this research relevant to contexts other than the one from which they were generated? It is argued by Yin (1994) that specific concepts are difficult to apply to case study research in the way they may do in statistical research. This argument is supported by Patton (2002) as follows;

The validity, meaningfulness and insight generated from qualitative inquiry have more to do with the information-richness of the case selected and the observable / analytic capabilities of the researcher than with sample size (Patton, 2002:245).

Stake (1995) argued that the researcher should provide examples of naturalistic generalisation or note similarities of the issues that may relate to the work of others. Patton, (2002) requires that different, yet credible sources of evidence are used to confirm the case study findings. Detailed knowledge of the processes underpinning the learner mentors, behaviour and the context of the learning outcomes is inclusive to the study. The trainee mentors prior understanding of the role of the nurse enabled them to use their knowledge when teaching and assessing student nurses. This ability enabled them to make comparisons through reflection between that prior knowledge in relation to learning for the role of the mentor. These two aspects have set out the conditions under which the behaviour of the trainee mentors can be expected to occur. Hence the generalisation and or fittingness apply more in relation to those trainees also undertaking the mentor programme than to a wide range of populations.

The case study sought to provide meaning of the trainee mentors learning processes through reflection and reflective practice. Alternatively in order to gain deeper insight Stake (1995) suggests a collective of case studies in which a number of cases are chosen believing that they would contribute to a better understanding and maximise what can be learnt. In the time available for this study a further range of case exploration was not possible. This may represent a limitation to the study. However, I have provided an in-depth and detailed description of context, and process from the participants' interviews, reflective accounts and observed activities that have enabled interpretation of meaning.

My contribution to knowledge

My contribution to knowledge is in response to my research question; how does the use of reflection and reflective practice influence the outcomes of learning for the mentor programme?

This study illustrates the use of reflection and reflective practice in responding to the learning outcomes for the mentor programme that generated a process identified as a learning journey. Response to the research question shows how the praxis theory of the trainee mentors' learning journeys were derived from the participants' data. While the concepts were complex for me to determine, the theory emerged as a simple guide to learning for future trainee mentors to use. The approaches the participants took, layering their learning on their learning journeys and that those layers are now identified represent new knowledge. The layers are organised in a framework to enhance ease of use (Figure 5.1). The learning processes developed in relation to the participants own experiences of learning through the use of reflection and reflective practice.

I set out to see the world of the trainee mentor as it was. At each stage my understanding of the research process was challenged. For example, the data collection process via observation in practice was difficult. It was difficult to absorb the situations that occurred with so much going on

around me. I was constrained by limitations such as respect for limited access to care environments and infection control. It was challenging to reflect on my participants' worlds and then reflect on my understanding, as part of the process of analysis. As the process of analysis continued, I found it absorbing to reflect upon the emerging theory. It was challenging to undertake research through praxis. However, it was through praxis and with empathy that I reflected and took action on the participant's contradictions. As I recognised new knowledge in relation to the trainee mentors use and process of reflection and reflective practice (Patton, 2002) I recognised that taking action was integral to my case study. After all, I had not set out to prove any one particular perspective. I wanted to know about the trainee mentors' worlds of learning. I wanted to give them a voice, and be true, as pointed to by Patton (2002). I wanted to understand from their perspective their use and process of reflection and reflective practice. The praxis theory that emerged could be transferred to other situations and other programmes of learning so that those responses to learning outcomes through reflection can be explored.

I have learnt that the nature of qualitative research is such that there is continual emergence of ideas as further evaluations occur. I was a nurse, am now a tutor and researcher. Nurses engaged in generating new knowledge and contribute to the development of nursing practice as a discipline according to Chinn and Jacobs, (1991). This case study is evidence of my contribution to nursing and educational knowledge. I have demonstrated an appropriate research design that has been met within this case study and developed the use of praxis. I have identified new knowledge.

My claim to new knowledge is substantiated. I have identified a praxis theory (Lather, 1991b). The sequential way in which learner mentors learnt through the reflection and reflective practice was not previously identified. The findings inform pedagogical advances of the critical perspectives of learning in the context of practice as the study was undertaken in and through a practice and educational perspective. The

new knowledge makes an important contribution to the use of praxis as a research method. Praxis is indicative of practical application. In this case study practical application of learning through reflection and reflective practice. Praxis has enabled the development of a practice theory that may influence nurse education policy and curriculum development. The trainee mentors learning journeys (Figure 5.1) were undertaken from both a theoretical and practice perspective reflective of the learning outcomes for the role of the mentor.

Implication for the development of research

The implication of the research design is significant in that it has been developed through a research strategy that has combined the approach of praxis to ethnography and practitioner research. This combination of approaches enabled me to integrate issues related to the participants, the researcher, and the context of situations. Through this approach I have demonstrated value in exploring perspectives of learning as they emerged from the individual participants. The design also makes a contribution to methodological issues faced by researchers investigating learning in professional practice. The ethical and practical constraints while essential to undertaking research in practice may cause limitations.

The implication for research design is significant because it enabled me to identify how the participants' used reflection and reflective practice to achieve the learning outcomes for the mentor programme. The stages of the learning journeys through the use and process of reflection and reflective practice are clearly shown (Figure 5.1) and represent a praxis theory of learning. The theory was generated through the analysis and the deconstruction of the participants' data giving them a voice. Research development should be in line with the researcher's values in the way in which I value their contribution to my research design. This is case study research in education. The participants' world has challenged that of technical rationality. Their world has contributed to nurse education undertaken in practice through their participation in my research. The participants' approach to learning is significant as it has enabled the

development of praxis theory for the use of reflection and reflective practice learning. A praxis theory is personal, each participant contributed to its development from within their own approaches to learning. This theoretical and practical application of learning sets free traditional educational approaches. The application of the theory is separate to that of application to practice. Integration of the theory and practice is via an interactive approach identified in the form of a relationship for learning. From this perspective, the praxis theory identified is a progressive and a unique reflective journey of learning representative of the outcome of the investigation as well as having developed a praxis approach to research.

As I have developed a praxis theory in line with the work of Lather, (1991a) my study may affect other educational researchers. Analysis of the influences of learning has determined how difficult it is on occasion for nurses to make a choice regarding their development as mentors. Knowing this, may guide policy development for nurse education in the future. The way in which development of the use of reflection and reflective practice may occur is by using the theory to guide to the reflective processes of learning.

Implications for policy and practice

The outcomes for practice and policy are complex. The participants continued to be constrained by time in application of the principles of mentoring. Participants were working within a clinical context with little or no time for discussion of the issues involved in mentoring. There is a need for an education system that enables time for learning, time for reflection and time to recognise the effort put in when learning a new role, this would be beneficial.

Educational research undertaken through a research design of ethnography and praxis such as this case study may help to influence and change how we think about research. My participation with the participants during the research process was an active value for me in

undertaking the research. I was able to influence change but had not anticipated the findings that were generated.

Through ethnography I have considered the trainee mentors reflective processes of learning. In so doing I have identified the influence of reflection and reflective practice on the process of learning. I have determined the way in which trainee mentors utilise reflective practice for learning (Figure 5.1). The findings seem to have the potential to inform educational policy and practice for work based learning in relation to the value of reflection and reflective practice. This may especially be the case where the context of learning is an interactive process (Figure 2.1).

Implications for education

Implications are in relation to nurses being encouraged to assess their existing knowledge and skills for undertaking learning through reflective frameworks prior to commencing the mentor programme. Personal Development Plans (PDP) should be used in deciding which programme of learning is right for each individual. Any Issues that have potential to impact on a programme should be managed well in advance of the start of programmes to reduce disruption that may generate anxiety and confusion for the students. Good continuity, opportunity for interaction and time for reflection in practice and in educational settings should be provided. Educators should give more recognition to the need to provide support and facilitation for learning. Peer group discussion as an interactive experience of learning should be incorporated for the focused interpretation of learning outcomes on all educational programmes. Nurses should recognise that they will benefit by being in different forms of relationships for learning and that this will be supportive to their personal and professional development.

Dissemination

Dissemination of my findings has been discussed throughout my study. My immediate intention is to now draft papers for publication explaining my research process, design, methods, findings and my experiences of

learning. I have been invited to present my research findings at research seminars, provide a supervisory research role, and participate in a research project.

My research agenda

My research agenda has been generated from the research processes undertaken within my study. Using the approach of praxis through which action can be taken as issues arise may further help to develop approaches to research. For example, through praxis, I would like to undertake research to further develop peer group learning processes through the use of reflection and reflective practice. I would like to research new ways of working in practice in relation to the use and process of reflection and reflective practice. The literature here has progressed to develop structured processes that now need to be researched in relation to their value. I would like to explore structured approaches that demonstrate reflective learning in practice by the student nurses as well as those within their academic writing processes. I would like to undertake further study into the facilitation of interactive processes of learning to develop new teaching and support strategies for learning. I would like to explore cultural perspectives of learning by practitioners who have come here to work from overseas to inform different ways of learning. My contribution to knowledge in undertaking ethnographic case study through praxis and in developing a praxis theory has shown that interactive processes that bring support and understanding to participants through such a research design make this possible.

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Appendix 1 Mentor Programme Learning Outcomes

ACADMIC LEVEL 2

1. TEACHING AND SUPPORT OF LEARNING

- 1.1 Demonstrate sufficient knowledge of the student's programme to identify current learning needs.
- 1.2 Demonstrate strategies, which will assist in the integration of learning from practice and educational settings.
- 1.3 Enable the development of and demonstrate effectiveness with patient's clients carers and colleagues in the clinical area based on mutual trust and respect.
- 1.4 Understand the process of how students integrate into practice and assist in this.

2. CONTRIBUTION TO THE DESIGN AND PLANNING OF LEARNING ACTIVITIES

- 2.1 Contribute and develop opportunities for students to identify and undertake experiences to meet their learning needs.
- 2.2 Create and develop opportunities for students to identify and undertake experiences to meet their learning needs
- 2.3 Enable the provision of ongoing and constructive support for students.

3. ASSESSMENTS AND GIVING FEEDBACK TO STUDENTS

- 3.1 Demonstrate a good understanding of assessment and ability to assess
- 3.2 Implement and approved assessment procedures

4. DEVELOPING EFFECTIVE LEARNING ENVIRONMENTS AND STUDENT LEARNING SUPPORT SYSTEMS

- 4.1 Contribute to the creation of an environment in which change will be initiated and supported.
- 4.2 Contribute to the development of an environment in which effective practice is fostered
- 4.3 Implement strategies for quality assurance and quality audit

- 4.4 Ensure effective learning experiences and the opportunity to achieve learning outcomes for students by contributing to the development and maintenance of a learning environment.

5. REFLECTIVE PRACTICES AND PERSONAL DEVELOPMENT

- 5.1 Assess and manage clinical developments to ensure safe and effective care
- 5.2 Identify, apply and disseminate research findings within the area of practice.

ACADMIC LEVEL 3

1 TEACHING AND SUPPORT OF LEARNING

- 1.1 Critically analyse the support offered to students in the clinical area to maximise their learning and change practice where required.
- 1.2 Enable the development of and evaluate the effectiveness of relationships with patients, clients and colleagues in the clinical area based on mutual; trust and respect.
- 1.3 Evaluate the learning environment in assisting student's integration into practice settings and in the provision of ongoing constructive support for students.
- 1.4 Demonstrate a range of teaching strategies including clinical supervision and assess the effectiveness in enabling students to identify the knowledge underpinning their practice.

2 CONTRIBUTION TO THE DESIGN AND PLANNING OF LEARNING ACTIVITIES

- 2.1 Contribute to the development or review of programmes of education through evaluation of assessment methods in the practice setting.
- 2.2 Use clinical supervision as a strategy for the integration of learning from practice and educational settings.

3 ASSESSMENTS AND GIVING FEEDBACK TO STUDENTS

- 3.1 Implement evaluate and propose changes where necessary to approved assessment procedures.
- 3.2 Assess students and review the reliability and validity of assessment methods in the practice setting.

4 DEVELOPING EFFECTIVE LEARNING ENVIRONMENTS AND STUDENT LEARNING SUPPORT SYSTEMS

- 4.1 Create learning opportunities in the clinical environment and evaluate these in relation to meeting students learning needs and achieving student learning outcomes
- 4.2 Implement and review strategies for quality assurance and quality audit
- 4.3 Utilise peer review to foster, implements, evaluate and disseminate effective practice and initiate change.

5 REFLECTIVE PRACTICES AND PERSONAL DEVELOPMENT

- 5.1 Use clinical supervision to critically analyse and evaluate their ongoing performance as a mentor
- 5.2 Evaluate and develop their contribution to the identification, application and dissemination of research findings for effective care in the practice setting.

.....

Appendix 2 John's (1998) Model of Structure Reflection

What was I trying to achieve?

Why did I respond as I did?

What were the consequence of that for the patient myself, others?

How was/were this / these people feeling?

How did I feel in this situation?

What internal factors were influencing my thoughts, feelings and actions?

How did my actions match my values and beliefs? What factors made me act in congruent / incongruent ways?

What knowledge did or should have informed my actions?

What socio-political or cultural factors were influencing:-the nature of the caring relationship?

My ability to deliver appropriate care?

The wider context in which care was delivered?

Issues of power and control inn the situation?

How does this connect with previous experience?

Could I handle this differently / better in similar situations?

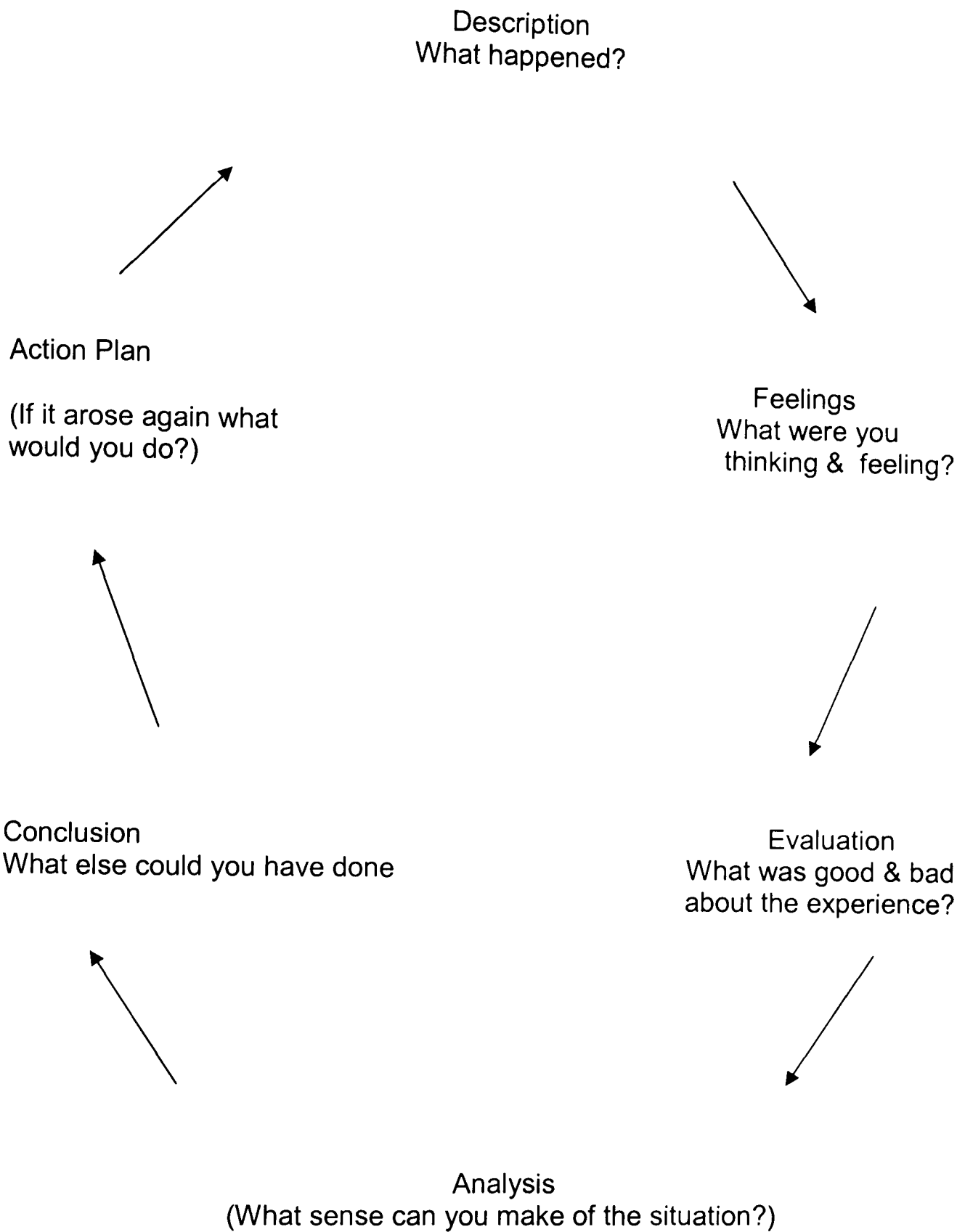
What would be the consequences of alternative actions for the patient, client, others, myself?

How do I feel about the situation now?

How has this changed my ways of thinking, feeling, and knowing?

Johns C. & Freshwater D. Eds. (1998) *Becoming a Reflective Practitioner*
Oxford: Blackwell Publication

Appendix 3 The Reflective Cycle (Gibbs 1988)



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Appendix 4 Letter description of project for volunteers

Exploring the nature of learning

Project information for student mentor

This project is about the exploration of learning and will explore examples of learning from perspectives of real life experiences i.e. through; observation, questions and written examples of reflection on and in practice. The questions do involve some work.

The project will involve you in submission of your reflections as you progress through the course. This will in no way change or exclude your work from formal submission at the end of the course but will enable me to sample your learning as you make progress through your course.

I would like to invite you to be interviewed for a short period of time and that the interview is taped. This will be undertaken in negotiation with you regarding the best time for you. Taping the interview will allow me to be able to concentrate on your responses and will enable interpretation of your replies at a later date.

I may wish to have the opportunity to return to you and share with you you're transcribed tape to enable you to validate this.

CONFIDENTIALITY

All of your information will remain confidential to me and will be known only by a code number.

During the project all information will be kept in a locked room - not within the university campus. At the end of the project all information will be destroyed via a shredder.

YOUR OBLIGATIONS

You are obliged to maintain confidentiality of this study. By not maintaining confidentiality of this study may jeopardise my results.

YOUR RIGHTS

You do not have to participate and have the right to withdraw from the study at any time without having to give reason and this will not influence or affect your progress on the mentor preparation course.

Maria Miklaucich

LREC Ref: PRO/23/04 EXPLORING THE NATURE OF LEARNING FROM
WITHIN THE LIVED EXPERIENCE OF REFLECTION

Maria Miklaucich U2446607

Appendix 5

NHS

Research & Development Office

Reference

30 March 2004

Ms Maria Miklaucich

University of

Dear Ms Miklaucich

Re: Exploring the nature of learning from within the lived experience of reflection

The R&D Committee considered your project on Tuesday 30 March 2004. I am very pleased to inform you that Committee has approved your study subject to LREC approval. However, the R&D Office would highly appreciate to receive final report of your study and any dissemination (s) from this work.

Best wishes,

Yours sincerely,

A handwritten signature in black ink, reading "Isaac John". The signature is written in a cursive style with a horizontal line underneath.

Dr Isaac John
R&D Manager
North West Surrey R&D Consortium
E-Mail: Isaac.John@asph.nhs.uk

Appendix 6 Consent form

I the undersigned voluntarily agree to take part in the study:

Exploring the nature of learning

Participation and non-participation in the research will not interfere with Normal working relationships that the investigator has with course Members, student nurses or staff

I have read and understood the information sheet provided. I have been given a full explanation by the investigator of the nature purpose and likely duration of the study and of what I will be expected to do. I have been advised about any discomfort in participation and I have been given the opportunity to ask questions on all aspects of the study and have understood the information given as a result.

I agree to comply with any request given to me during the study and to co-operate with the investigator. I shall inform them at any time that I feel uncomfortable with any question during interview.

I understand that any personal data relating to volunteers is held and processes in the strictest of confidence and in accordance with the Data Protection Act (1998). I agree that I will not seek to restrict the use of the results of the study on the understanding that my anonymity is preserved.

I understand that I am free to withdraw from the study at any time with out needing to justify my decision and without prejudice.

I can confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer BLOCK CAPITALS:
.....
Signed:Date:.....

Name of witness BLOCK CAPITALS:.....

Signed:.....Date:
Name of investigator. BLOCK CAPITALS:
.....

Signed:.....Date:

Maria Miklaucich

Appendix 7 Dual consent form for taped interviews

Participant information

- ❖ The taped interview will be used to enable discussion of issues without the need to take notes on a continual basis.
- ❖ The taped interview will enable the researcher to transcribe elements of the interview at a later date.
- ❖ The taped interview will be stored in my office at home.
- ❖ The taped interview will be kept only for the duration of the study period.
- ❖ After the study the tape will be recorded over to dispose of conversations.

Agreement prior to interview:

I, the undersigned, understand the use of taped interview and voluntarily agree to be taped.

Signature.....

Date.....

Agreement after the interview has been completed:

I, the undersigned, voluntarily agree that this taped interview that includes my responses to questions can be used in the study.

Signature.....

Date.....

Appendix 8 Data Collection Schedule

Phase one

Familiarisation for observation
September 28th and 29th September 2004
Classroom October 8th and 19th

Module (1) commences: 28/09/04 end date 06/12/04

Field work:	Date aim: Sept 04 – Dec.04	Places and dates:	
Observing	Oct.21st Oct 22 nd Oct 28 th Oct 29th Oct 13 & 14 Nov 5 th Nov 16 th Nov 17 th Dec 2 nd Dec 16th Dec 17th	Practice Practice Practice Practice Class room Practice Class room Class room Practice Class room Class room	
Interviews	From April 05	08/04/05 M1	
Reflections from	Feb 05	All reflections received	

Data collection Schedule - Phase two

Module (2) commences 19/01/05 end date 06/04/05

Field work:	Date aim: Jan 05 – March 05	Places and Dates:	
Observing	Jan 11th Jan 13 th Jan 14 th Jan 19 th Jan 20 th Jan 21st Jan 24th Jan 27 th Jan 28 th Jan 31 st Feb 10 th Feb 11 th Feb 16 th Feb 17 th Feb 23 rd Feb 24 th March 2 nd March 9 th March 11 th March 16 th March 17 th March 21 st March 22 nd	Class room Class room Class room Class room Class room Practice Practice Class room Class room Practice Class room Class room Class room Class room Class room Class room Class room Practice Practice Classroom Classroom Classroom Classroom Classroom	
Interviews	June 05	21/06/05 M 2 20/08/05 M 3 22/08/05 M 4	
Reflections from	June 05	All reflections all received	

Data collection Schedule - Phase three

Phase three Module (3) commences 28/04/05 end date 01/08/05

Field work:	Date aim: April 05 – June 05	Places and Dates:	
Observing and classroom	April 5 th April 6 th April 14 th April 15 th April 18 th April 20 th April 29 th May 9 th May 10 th May 11 th May 13 th May 17 th May 19 th May 26 th June 8 th June 9 th June 10 th June 16 th June 21 st June 30 th	Classroom Classroom Classroom Classroom Classroom Classroom Classroom Classroom Classroom Practice Classroom Practice Classroom Practice Practice Classroom Classroom Practice Practice Practice	
Interviews	From September 05	26/09/05 M 5 29/09/05 M 6 11/10/05 M 7 11/10/05 M 8 03/11/05 M 9 03/11/05 M 10 03/11/05 M 11 07 /11/05 M 12 15/11/05 M 13 23/11/05 M 14 05/12/05 M 15	
Reflections from	September 05	All reflections received	

Appendix 9 Transcript of Interview

Date: 26th September 05

Location: Office
M5

Question: So if I can start asking you some questions about preparation for being a mentor did you enjoy it?

Answer: Honestly no I didn't ...not at all... let me say that again, in the beginning I didn't but- as -time- when- on - I thoroughly enjoyed it -n- I learned so much about myself and other people at the same time but if you had asked me in the very beginning no I didn't enjoy it at all no

Question: So did you feel intimidated at having to write reflections?

Answer: yes very much so very much so and not having done one properly before I...think ...I do mean I was completely lost

Question: so you didn't know anything about writing reflections?

Answer: no no not enough because I have done any since the last course I did it was five year before that ...so I didn't we didn't do reflective practice then no we didn't no no you know where it says you should do a reflective practice initially, I think most people that do go on the course should do practice it before they start but once I got into it - yes I did enjoy it

Question: How long have you been qualified do you think that has a bearing on?

Answer: Very much so yes cos em now its all reflective practice because the students coming out now it is wonderful because it is all reflective practice and in saying that I've been qualified 20 years but I did my conversion course about seven years six years ago so that was brought up into it but we do reflect but we don't do it in writing lets put it that way

Question: That's right

Answer: .an its getting into writing that's the hard part ...we do reflect all the time I do it all the time but you don't really realise that your doing reflection

Question: yes you have to its like a continuous assessment

Answer:... yes and you don't realise you are doing it until you sit down and yeh

Question: so how did you start writing then and starts getting to grips with what you had to do did you look at what you knew and think about the reflective cycle or did you learn how to work with a reflective circle?

Answer: I think it was learning how to work with a reflective cycle it was like once you had a template in front to you that's what I worked from I worked from what I had and then translated it into my reflection

Question: did you use Gibbs

Answer: yes I think it was Gibbs I did yeh yeh

Question: So you had very little knowledge of reflection prior to starting the course?

Answer: very little yes yes

Question: And so what was your experience of mentoring before the course had you done mentoring?

Answer: Yes I have done mentoring before yes. In my last job I did mentoring we didn't do the mentor preparation course but in my last job that I worked in so I had I knew all about that already at least that was one part that I knew about

Question: so that made life a little bit easier

Answer: it did it did defiantly yes yeh

Question: So you went taught reflection in your training where you did first here or recognise the term reflective practice was that part of this course?

Answer: I could say yes and I could say no ..em its been banded around it been around for the last few years I shouldn't say it I mean its been around may be the I think as far as I can remember may be last three four or five years nursing time and nursing standard and the magazine that I read and the gastro one that I read at the moment that does reflective practice so I have heard it it has been banded around for a long time

Question: So did it naturally help you to learn?

Answer: Yes it did very much so yes yes

Question: So can you tell me how it did I know it's difficult to explain ...was it the organisation of your thinking

Answer: it is I think it makes you more aware it makes you question your self more and I think it is like as you say it is reflection back on

your self and how you were taught down the line and how you would like somebody to teach or you and treated.. .because I must admit you get to the stage of ...instead of.. like we were being spoon fed it makes you sit up and think and its I have changed and its a case of if someone asks me a question I reverted back on what's your experience how do you feel yes that's the way I look at it

Question: It different to the way we were taught you are right we were spoon fed and told where to go and what to learn?

Answer: Very much so very much so

Question: Where to go and what to learn

Answer: Exactly exactly

Question: ...and all of a sudden you have to ask yourself where do I start yes

Answer: where do I start yes

Question: em do you think it helps you to see the wider aspects of em mentoring students and social situations through reflection?

Answer: It does very much so it makes you question your self as well am and yes you do I mean the whole mentor course made me sit back and think ...oh I never thought of that it ..does ..make you look at the overall picture your not tunnel vision you know that kind of thing its not like students are here and that's what your going to be taught you have to look at the wider picture

Question: So you see them from a wider picture

Answer: Exactly yes

Question: so that's is em if you can remember aspects of the mentor preparation we talked about knowledge skills and attitude

Question: Em ...would you use reflection to promote your understanding of a patients need now that you've learned has it altered your?

Answer: Yes

Question: Do you think the mentor course has altered other aspects the way you work

Answer: It has altered other aspects of the way I work as I said I look at the overall picture now am as we said about spoon feeling people I don't spoon feed them any more I get them to tell me what they know and I

think that what I did quit a lot kind I think I like soon fed them where as know its what did you know you tell me what you know and we will collaborate between the two of us

Question: How much reading did you do on models of reflection?

Answer: oh..not much no am because I found myself getting very confused am I think I personnel I think you have to find a model and work with it I think its ...what was the one em that was in the pack because I didn't do that one I did the opposite one to it one was Johns I used Gibbs in the end but I was finding my self very confused with the two of them as an individual I think we have to find our own and work from there

Question: I think that's a very good point

Answer: Well that's what I found because I was getting confused

Question: Em do you understand the purpose of reflection for nurse education can you see how nurse education is now fifty percent is a taught in practice

Answer: Yes em do you mean in such a way as practice and taught

Question: well practice provides the teaching through reflection

Answer: Yes yeh am I can kind of...

Questions: so that much more like the mentor preparation course you were in the class room but you also had to come out and practice your teaching?

Answer:... yes and the way I look at it, it is better to teach in practice at the same time I think if you it's the case if you are taught by the time you get out into practice you've ether forgotten it completely or your kind of like left on the sideline I do think that teaching and practice should be hand in hand

Question: yes hand in hand

Answer: yes you know like a little bit of teaching and a little bit of practice

Question: ...and that is what reflection on practice tries to do because you are trying to put the theory in all the time

Answer: Yes yep

Question: Sometime what comes back from the students is all the practice and no theory

Answer: Yes yes

Question: And if we are going to work based learning I think its really important em you know it could be that much more learning is going to be undertaken through mentors and in practice therefore the two do go hand in hand what did you teach when you did your teaching session?

Answer: I taught related to the endoscopy it was oesophageal banding that we do quite a lot here so I taught one of the girls my students to apply the banding kit onto our scope and how its used down it's a very important part of day to day and we do it nearly every day

Question: And did your student what to learn about that

Answer: She did yes yes very much so it was very interesting

Question: Do you get enough students here

Answer: No no we don't like I said that was one of the down falls on the course I said I should say students cos as far as well everyone is a student everybody new that comes into this department is a student all our nurses our one new qualified nurses adaptation nurses so to me they are all student exactly so but as student we get very very seldom which is a shame cos we I did say that there is so much to learn up here and there are a few people to teach quiet a few girls who are interested in teaching

Question: Are the wards not sending them up her to get the experience?

Answer: I think it is very body is so busy

Question: Em now that you've completed mentor preparation course will you use reflection to support your ability when you are mentoring students

Answer: Yes yes very much so very much so and I think you cant not use reflection and like I said all we are doing it all along and we didn't realise the extent that we were doing it and now I'm even more aware and I use it more so than ever yeh

Question: What are the constraints to working with the students

Answer: I think sometimes its there lack of knowledge is one big constraint but then you have to put it across I look at it from the endoscopy point of view I am sure it would be different if it was on the wards or something like I think it might be different that were so specialised their lack of knowledge yes yeh

Question: From your own perspective do you think that learning and doing the mentor course learning and understating and using reflection has helped you given you a senses of em freedom and sense confidence may be?

Answer:... I think it had given me a sense of confidence but not really I think... my personal opinion is I think its experience .. I think it gives you confidence and if you know what you are doing your even more confident if you know what you are doing it gives you confidence and I end up like the student and have to say to someone else and show us how or what were doing its made me more aware of where a student and of where the students are coming from and that was the major part and made me more aware of how they feel and where we are trying to get to em and I think that the part that I'm

Question: They cant always express that themselves they cant always put across to you how they are feeling what there are learning or the value of the learning

Answer: yeh and that was one thing I learned from the mentor or course that I did learn that I question more now more than every and I put myself in their shoes where I don't think I would have done that before I think you actual get to the stage were you get your brainwashed and you only have tunnel vision and I think the course did actually make me think

Question: Stopped and made you think

Answer: Exactly, exactly
what you were teaching them at the end of the day it makes you question yourself like where did you get that piece of information from you know like is it right is it wrong so when we talk about it I did learn a lot from it you know *ha ha*

Question: you don't always realise how much you have learned

Answer: no no *ha ha*

Question: so you challenge yourself and your own learning

Answer: exactly. Yes yes

Question: so can you think of anything else you can tell me about reflective practice that might help me and how we are using it in pratice?

Answer: ...the one thing about the course was we all felt so lost but I think ... that it was because we were all in the same boat and I think

Question: Where you sent on the course?

Answer: I was sent and ... next door was sent there was a few girls one was from the hospice I cant remember her name but there was about three or four of use and I must admit we were very negative but I think we were in the same boat we really didn't know what we were doing... we were fish out of water and I must admit now looking back on it it was such a same really because by the time we got in to the swing of it it was over and done with you know that kind of thing

Question: was there too much information at the star

Answer: Way too much way to much and I think we got bogged down with our presentation we didn't realise as we spent way too much time we should have put it to one side spent a week or two at it and left it no exactly I mean

Question: as a tutor I am aware of some of those things and its almost impossible with a big group

Answer; But I think its to do with our own insecurities I think its because we really don't know – and its like you coming in here and working for a day you would be completely lost or me going into your environment being completely lost and its getting the barriers out of the way

Question: being pulled out of practice into a class room

Answer: exactly, exactly and I think as you said your thinking your academic work I think its because we don't do it on a day to do day basis and I think may be that was our downfall going back into an academic field I think was where we like ... or may be it was was something because of old age...

Question: I think there is difference to learning in practice learning from a discipline approach of academic practice and being self directed and I think its difficult you've go to be mentally disciplined

Answer: Yes yes you have very much so and I think with our lives ... the way they are... there's so much else going on

Question: and when your sent on the course you may be don't want to be there in the first place

Answer: I know I know its true but I mean in saying that I thoroughly enjoy it as you say I got so much out of it really and it's such a shame its over and done with by the time it dawns on you how much you got out of it

Thank you very much I've enjoyed talking to you

MENTOR PROGRAMME

TIMETABLE – SHEET 1

Date	Time	Title of the Day & Content	Speaker	Relates to learning outcome:	
7.11.05		Day 1 – Set the Scene		Level 2	Level 3
	09.00	Welcome & Introduction to the module Module assignment	Maria Miklaucich Group led	All learning outcomes	All learning outcomes
	12.00	Lunch			
	13.00	What does it mean to be a mentor?		1.3 4.1	1.3
	15.00	Peer Group Discussion - Valuing Personal Experiences	Maria Miklaucich	1.4 4.2	2.1
	16.00	Close of day		1.5 5.1	3.2
				1.4	4.1
				2.1	4.2
				2.2	5.1
				3.1	
				3.2	
8.11.05		Day 2 – Teaching & Student Support			
	09.00	How do we Learn?	Maria Miklaucich	1.1	1.1
				1.2	1.2
				1.4	1.3
				2.2	1.4
				3.1	
	12.00	Lunch Log In 12.00-13.00			
	13.00	Continuation of the morning		3.2	2.2
	15.00	Peer Group Discussion: Critical Evaluation of the Learning Environment	Maria Miklaucich	4.1	3.1
	16.00	Close of day		4.2	3.2
	16.00-17.00	Optional Library Session		4.3	4.1
				4.4	4.2

TIMETABLE - SHEET 2

Date	Time	Title of the Day & Content	Speaker	Relates to learning outcome:	
15.12.05		Day 3 – Learning In Practice			
	09.00	Reflection and Reflective Practice	Maria Miklaucich	1.2 1.3 2.2 3.1	1.2 1.3 1.4 3.1
	12.00	Lunch			
	13.00	The Learner's Journey	J. J.	3.2 4.1	16.10 5.3 3.2
	15.00	Peer Group Discussion - Clinical Supervision for self/students	Maria Miklaucich	4.2 4.4	4.1 4.2
	16.00	Close of day		5.1 5.2	4.3 5.1 5.2
16.12.05		Day 4 – Fitness for Practice			
	09.00	Factors influencing curriculum	J. J.	1.1 1.2 1.3 1.4	1.1 1.2 1.3 1.4
	11.30	Assessment Strategies		3.1 3.2	
	12.00	Lunch			
	13.00	Mentor Updates		2.1 2.3	2.1 3.1
	15.00	Peer Group Discussion - The Assessment Process	Maria Miklaucich	3.1 3.2	3.2 4.3
	16.00	Close of day		4.3	

TIMETABLE - SHEET 3

Date	Time	Title of the Day & Content	Speaker	Relates to learning outcome:	
03.01.06		Day 5 – Quality			
	09.00	Audit	J.J.	2.1 2.2 2.3 3.2 4.2 4.3	2.1 2.2 3.2 4.2
	12.00	Lunch			
	13.00	Continuation of the morning		4.1 4.2	4.1 4.2
	15.00	Peer Group Discussion - Quality and Peer Review	Maria Miklaucich	4.3 4.4	4.3 5.2
	16.00	Close of day		5.2	5.3
14.02.06		Day 6 – Reflection on Learning			
	09.00	Learning Environment	Maria Miklaucich	2.2 2.3 3.2 4.1 5.1	2.2 3.2 4.1 5.1
	12.00	Lunch			
	13.00	Continuation of the morning	Maria Miklaucich		
	15.00	Peer Group Discussion - Implementing Change and Development			
	16.00	Close of day			